

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033923

FILED
Apr 18, 2009
Secretary of State

Entity Name: MIAMI BEACH ANESTHESIOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

4300 ALTON RD
MOUNT SINAI MEDICAL CENTER
MIAMI BCH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4300 ALTON RD
MOUNT SINAI MEDICAL CENTER
MIAMI BCH, FL 33140 US

New Mailing Address:

FEI Number: 65-0746342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, LAURA A MD
1241 N RIO VISTA BLVD
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WITTELS, S. HOWARD
Address: 7811 SW 88 TERR.
City-St-Zip: MIAMI, FL 33156

Title: DVP () Delete
Name: GARCIA, GUILLERMO
Address: 912 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SDDT () Delete
Name: FOSTER, LAURA A
Address: 1241 N. RIO VISTA BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: HECTOR DAVILA
Address: 3736 LOQUAT AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: GOLDMAN, HOWARD
Address: 13010 MIRANDA STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHW

PD

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date