

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033923

FILED
Feb 09, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHW

PD

02/09/2011

Electronic Signature of Signing Officer or Director

Date