

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|                                                              |  |                                                                                    |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000057471</b>                               |  |  |
| 1. Entity Name<br><b>SUNRISE ANESTHESIA ASSOCIATES, P.A.</b> |  |                                                                                    |

|                                                                                          |                                                                       |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>5240 SW 32ND AVE<br/>FT LAUDERDALE FL 33312<br/>US</b> | Mailing Address<br><b>PO BOX 17347<br/>PLANTATION FL 33318<br/>US</b> |
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| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                                                      |  |                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. Name and Address of Current Registered Agent<br><b>BRYAN, REED A<br/>707 SE 3RD AVE, SUITE 400-A<br/>FORT LAUDERDALE FL 33316</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
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8. 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. I am familiar with, and accept, the obligations of registered agent.

|                                                                                                          |                                                              |      |
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| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|

|                                                                                                                                                 |                                                                                                                       |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May<br>Added to Fee |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                    |                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>AARONS, JONATHAN<br/>5240 SW 32ND AVE<br/>FT LAUDERDALE FL 33312</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1100000429894<br/>02/22/06-80027-005 150.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jonathan J. Aarons, M.D. **2/3/06**