2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P97000057471

Entity Name: SUNRISE ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

5240 SW 32ND AVE
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17347
PLANTATION, FL 33318 US

New Mailing Address:

5240 SW 32ND AVE
FT LAUDERDALE, FL 33312 US

FEI Number: 65-0754321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, REED A
707 SE 3RD AVE, SUITE 400-A
FORT LAUDERDALE, FL 33316 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: PTD ( ) Delete
Name: AARONS, JONATHAN
Address: 5240 SW 32ND AVE
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JONATHAN AARONS MD PRES 01/26/2009
Electronic Signature of Signing Officer or Director Date