

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057471

FILED
Jan 06, 2011
Secretary of State

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:

5240 SW 32ND AVE
FT LAUDERDALE, FL 33312 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PTD
Name: AARONS, JONATHAN
Address: 5240 SW 32ND AVE
City-St-Zip: FT LAUDERDALE, FL 33312

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: JONATHAN AARONS MD

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date