


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000072775	
1. Entity Name FLORIDA ATLANTIC ANESTHESIA, INC.	

FILED

08 APR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1960 NE 47TH ST 2ND FL FT. LAUDERDALE, FL 33308	Mailing Address 1960 NE 47TH ST 2ND FL FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State	City & State
Zip	Country

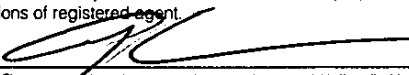
04182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0859763	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORDOVER, ALAN J C.E.O. 1960 NE 47TH ST 2ND FL FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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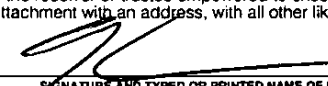
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  ALAN J. CORDOVER - PRESIDENT 4-18-08
(NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORDOVER, ALAN J 9063 NW 60 ST PARKLAND, FL 33067 <input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, RONALD J. 1112 NE 1ST STREET FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STROGEN, CHARLES P 6 WINONA LANE SEA RANCH LAKES, FL 33308 <input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAGHER, BARRY H. 2637 NE 37 STREET FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEREZ, ELISEO 1526 NE 26 AVENUE FT. LAUDERDALE, FL 33304 <input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, EDWARD B. 231 SE 11 STREET Pompano Beach, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PAUL A 2352 DATE PALM ROAD BOCA RATON, FL 33432 <input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOUSSA, SAMIR M. 2770 NE 58 STREET FT. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVEIRA, JOSE O 2523 SE 13TH STREET POMPAÑO BEACH, FL 33062 <input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00012948212 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01041--036 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  ALAN J. Cordover 4-18-08 954-493-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #