2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P98000072775

Entity Name: FLORIDA ATLANTIC ANESTHESIA, INC.

Current Principal Place of Business:

1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0859763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORDOVER, ALAN J C.E.O.
1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308 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:	DP	( ) Delete
Name:	CORDOVER, ALAN J	
Address:	9063 NW 60 ST	
City-St-Zip:	PARKLAND, FL 33067	
Title:	DV	( ) Delete
Name:	STROGEN, CHARLES P	
Address:	6 WINONA LANE	
City-St-Zip:	SEA RANCH LAKES, FL 33308	
Title:	DST	( ) Delete
Name:	PEREZ, ELISEO	
Address:	1526 NE 26 AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33304	
Title:	D	( ) Delete
Name:	RODRIGUEZ, PAUL A	
Address:	2352 DATE PALM ROAD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	NAVEIRA, JOSE O	
Address:	2523 SE 13TH STREET	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	BRAUN, RONALD J	
Address:	1112 NE 1ST STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALAN J. CORDOVER DP 03/24/2009

Electronic Signature of Signing Officer or Director — Date