2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072775

Entity Name: FLORIDA ATLANTIC ANESTHESIA, INC.

FILED Feb 22, 2011 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

1960 NE 47TH ST

2ND FL

FT. LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

1960 NE 47TH ST

2ND FL

FT. LAUDERDALE, FL 33308

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORDOVER, ALAN J C.E.O. 1960 NE 47TH ST 2ND FL

FT. LAUDERDALE, FL 33308 US

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: DF

 Name:
 CORDOVER, ALAN J

 Address:
 9063 NW 60 ST

 City-St-Zip:
 PARKLAND, FL 33067

Title: DV

Name: STROGEN, CHARLES P Address: 6 WINONA LANE

City-St-Zip: SEA RANCH LAKES, FL 33308

Title: DST

 Name:
 PEREZ, ELISEO

 Address:
 1526 NE 26 AVENUE

 City-St-Zip:
 FT. LAUDERDALE, FL 33304

Title: [

Name: RODRIGUEZ, PAUL A Address: 2352 DATE PALM ROAD City-St-Zip: BOCA RATON, FL 33432

Title:

 Name:
 NAVEIRA, JOSE O

 Address:
 2523 SE 13TH STREET

 City-St-Zip:
 POMPANO BEACH, FL 33062

Title:

 Name:
 BRAUN, RONALD J

 Address:
 1112 NE 1ST STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33301

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: ALAN CORDOVER P 02/22/2011