

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097901

FILED
May 15, 2006
Secretary of State

Entity Name: AMBULATORY MEDICAL ANESTHESIA CONSULTANTS, INC.

Current Principal Place of Business:

19073 CLOISTER LAKE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19073 CLOISTER LAKE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 59-3538777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIERER, MARTIN
2950 WEST CYPRESS CREEK ROAD
102
FT. LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIVSCHUTZ, VLADIMIR
Address: 19073 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

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 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: VLADIMIR LIVSCHUTZ

PRES

05/15/2006

Electronic Signature of Signing Officer or Director

Date