

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097901

FILED
Apr 20, 2011
Secretary of State

Entity Name: AMBULATORY MEDICAL ANESTHESIA CONSULTANTS, INC.

Current Principal Place of Business:

2801 NORTH UNIVERSITY DRIVE
308
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2801 NORTH UNIVERSITY DRIVE
308
CORAL SPRINGS, FL 33065

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
2801 NORTH UNIVERSITY DRIVE
301
CORAL SPRINGS, FL 33065 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: PRES
Name: LIVSCHUTZ, VLADIMIR
Address: 7420 AVENODA DEL MAR, UNIT 2613
City-St-Zip: BOCA RATON, FL 33433

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: VLADIMIR LIVSCHUTZ

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date