

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64996

FILED
Jan 29, 2008
Secretary of State

Entity Name: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.

Current Principal Place of Business:

6806 N STATE ROAD 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

1100 N.W. 95TH ST.
MIAMI, FL 33150 US

Current Mailing Address:

6806 N STATE ROAD 7
COCONUT CREEK, FL 33073

New Mailing Address:

5793 PARKWALK DR.
BOYNTON BEACH, FL 33472

FEI Number: 65-0268806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISI, EDWIN A MD
19543 SW 39TH STREET
MIRAMAR, FL 33029 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: D () Delete
Name: RISI, EDWIN
Address: 19543 SW 39TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: ANTOINE, MOGINE
Address: 4997 SW 162ND AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: HADDAD, JUAN
Address: 1406 NW 179TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ROS CARRETERO, JUAN
Address: 808 BRICKELL KEY DR. @ 2008
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: RIVABEM, FERNANDO
Address: 15020 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33158

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: EDWIN RISI

D

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date