

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S64996

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.

## Current Principal Place of Business:

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143 US

## New Principal Place of Business:

## Current Mailing Address:

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143 US

## New Mailing Address:

FEI Number: 65-0268806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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: D ( ) Delete  
Name: ANTOINE, MOGIN  
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: DP ( ) Delete  
Name: ROS CARRETERO, JUAN  
Address: 808 BRICKELL KEY DR. APT. 2008  
City-St-Zip: MIAMI, FL 33131

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

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: RISI, EDWIN  
Address: 19543 SW 39TH STREET  
City-St-Zip: MIRAMAR, FL 33029

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: JUAN ROS CARRETERO

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date