

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64996

FILED
Feb 18, 2010
Secretary of State

Entity Name: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.

Current Principal Place of Business:

19543 S.W. 39 ST.
MIRAMAR, FL 33029 US

New Principal Place of Business:

14221 SW 120TH STREET
SUITE # 224
MIAMI, FL 33186 US

Current Mailing Address:

19543 S.W. 39 ST.
MIRAMAR, FL 33029 US

New Mailing Address:

14221 SW 120TH STREET
SUITE # 224
MIAMI, FL 33186 US

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
19543 S.W. 39 ST.
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

AMBRIZ, HUMBERTO
14221 SW 120TH STREET
SUITE # 224
MIAMI, FL 33186 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: HUMBERTO AMBRIZ

02/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: ANTOINE, MOGIN
Address: 4997 SW 162ND AVE
City-St-Zip: MIRAMAR, FL 33027

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

Title: DP
Name: ROS CARRETERO, JUAN
Address: 808 BRICKELL KEY DR. APT. 2008
City-St-Zip: MIAMI, FL 33131

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

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: MOGIN ANTOINE

D

02/18/2010

Electronic Signature of Signing Officer or Director

Date