## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64996

**FILED** Apr 29, 2011 Secretary of State

Entity Name: NORTHWEST ANESTHESIOLOGIST GROUP, P.A.

**Current Principal Place of Business: New Principal Place of Business:** 

14221 SW 120TH STREET 2367 US HWY 27

**SUITE # 224** SEBRING, FL 33870 US MIAMI, FL 33186

**Current Mailing Address: New Mailing Address:** 

14221 SW 120TH STREET 2367 US HWY 27

**SUITE # 224** SEBRING, FL 33870 US MIAMI, FL 33186

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMBRIZ, HUMBERTO AMBRIZ, HUMBERTO 14221 SW 120TH STREET 2367 US HWY 27 S US

**SUITE # 224** SEBRING, FL 33870 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 04/29/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

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

Title:

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

Title: DP

ROS CARRETERO, JUAN Name:

808 BRICKELL KEY DR. APT. 2008 Address:

City-St-Zip: MIAMI, FL 33131

Title:

RIVABEM, FERNANDO Name: 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: FERNANDO RIVABEM **PRES** 04/29/2011