

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-05-2008 90035 004 ***150.00

DOCUMENT # S94669	
1. Entity Name ANESTHESIA ASSOCIATES OF P.B.G., P.A.	

Principal Place of Business 3370 BURNS RD 200 PALM BEACH GARDENS FL 33410 US	Mailing Address 3370 BURNS RD 200 PALM BEACH GARDENS FL 33410 US
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2. Principal Piece of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00001000



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
WEISS, JEFFREY A D 3370 BURN ROAD SUITE 200 PALM BEACH GARDENS FL 33410	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

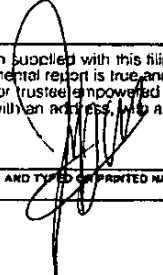
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P ☒ Delete
NAME	TONKS, MICHAEL K.
STREET ADDRESS	7936 STEEPLECHASE DR.
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418
TITLE	VP ☐ Delete
NAME	NEWTON, DRAGICA
STREET ADDRESS	14386 CYPRESS ISLAND CT
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410
TITLE	T ☐ Delete
NAME	WEISS, JEFFERY
STREET ADDRESS	1021 COUNTRY CLUB DR.
CITY- ST- ZIP	NORTH PALM BEACH FL 33408
TITLE	S ☐ Delete
NAME	CHEN, CHIN
STREET ADDRESS	474 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL 33469
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY WEISS, DO** **03/18/08** **561-626-4882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR