

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S94669

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ANESTHESIA ASSOCIATES OF P.B.G., P.A.

**Current Principal Place of Business:**

3370 BURNS RD  
105  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

3370 BURNS RD  
105  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 65-0294187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISS, JEFFREY A D  
3370 BURN ROAD  
SUITE 200  
PALM BEACH GARDENS, FL 33410 US

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

WEISS, JEFFREY A DO  
3370 BURN ROAD  
SUITE 105  
PALM BEACH GARDENS, FL 33410 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: JEFFREY A WEISS DO

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: NEWTON, DRAGICA  
Address: 14386 CYPRESS ISLAND CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T  
Name: WEISS, JEFFERY  
Address: 1021 COUNTRY CLUB DR.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S  
Name: CHEN, CHIN  
Address: 474 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

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: JEFFREY A WEISS DO

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date