2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# V02821

Entity Name: ANESTHESIOLOGY CONSULTANTS OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

WELLINGTON REGIONAL MEDICAL CTR
10101 FOREST HILL BLVD.
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

12230 FOREST HILL BLVD.
SUITE 182
WELLINGTON, FL 33414 US

Current Mailing Address:

12230 FOREST HILL BLVD.
WELLINGTON, FL 33414

New Mailing Address:

12230 FOREST HILL BLVD.
SUITE 182
WELLINGTON, FL 33414 US

FEI Number: 65-0295084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SAUERBERG, ERIC M ESQ
200 VILLAGE SQUARE CROSSING
SUITE 102
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: ERIC SAUERBERG 02/19/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HINDIN, BRUCE,
Address: 15700 SUNWARD ST
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: GOLDFARB, HOWELL
Address: 17112 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL

Title: T (X) Delete
Name: FRANK, DAVID
Address: 13725 GREENTREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Delete
Name: GOMEZ, JOEL
Address: 12553 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRANK, DAVID A PRES
Address: 12230 FOREST HILL BLVD.
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change ( ) Addition
Name: GOMEZ, JOEL E VP
Address: 12230 FOREST HILL BLVD.
City-St-Zip: WELLINGTON, FL 33414

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

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

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: DAVID A. FRANK P 02/19/2008
Electronic Signature of Signing Officer or Director Date