

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90074 034 ***150.00

DOCUMENT # V34618					
1. Entity Name ANESTHESIA ASSOCIATES OF BROWARD COUNTY, P.A.					
Principal Place of Business 301 NW 82ND AVE PLANTATION, FL 33324			Mailing Address P.O. BOX 17320 PLANTATION, FL 33318 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0329345	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCULTHORPE, ROBERT H. 200 NW 130 AVE. PLANTATION, FL 33325-2206					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCULTHORPE, ROBERT H. 200 NW 130TH AVE PLANTATION, FL 33325 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARRERA, SOLOMAN T. 11725 HIGHLAND PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUEZ, RUBEN C 221 TURNBERRY CT N ATLANTIS, FL 33462 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARLOS M. LOPEZ 15128 BANBURY WAY WELLINGTON, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES R. PITLUCK 4010 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-3-06 954 693 8600 <small>Date Daytime Phone #</small>		