

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34618

FILED
Feb 14, 2008
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF BROWARD COUNTY, P.A.

Current Principal Place of Business:

301 NW 82ND AVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17320
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0329345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCULTHORPE, ROBERT H.
OUTPATIENT SURGICAL ASSOCIATES
301 NW 82ND AVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCULTHORPE, ROBERT H, .
Address: 200 NW 130TH AVE
City-St-Zip: PLANTATION, FL 33325

Title: DVP () Delete
Name: BARRERA, SOLOMAN T.
Address: 11725 HIGHLAND PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: MANRIQUEZ, RUBEN C
Address: 221 TURNBERRY CT N
City-St-Zip: ATLANTIS, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: LIEBERMAN, DREW E
Address: 179 BAL CROSS DRIVE
City-St-Zip: BAL HARBOUR, FL 33154

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: ROBERT H. SCULTHORPE, D.O.

PRES

02/14/2008

Electronic Signature of Signing Officer or Director

Date