

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000038301

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** BAY AREA ANESTHESIA SPECIALISTS, INC

**Current Principal Place of Business:**

3213 W. HARBOR VIEW AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3213 W. HARBOR VIEW AVE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 26-4821654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORP DIRECT AGENTS INC  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

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

DICKERSON, ROBERT MD  
3213 W. HARBOR VIEW AVE  
TAMPA, FL 33611 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: ROBERT DICKERSON

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DICKERSON, ROBERT MD  
Address: 3213 W. HARBOR VIEW AVE  
City-St-Zip: TAMPA, FL 33611

Title: V  
Name: HERN, DEDRA  
Address: 127 BAY POINT DR NE  
City-St-Zip: ST PETERSBURG, FL 33704

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: DEDRA HERN

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date