


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K54934</b>	
1. Entity Name <b>GULFCOAST ANESTHESIA SPECIALISTS, INC.</b>	

Principal Place of Business <b>70 N. LECANTO HWY. LECANTO, FL 34461 US</b>	Mailing Address <b>70 N. LECANTO HWY. LECANTO, FL 34461 US</b>
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**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2927033</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>FALLOWS, C.M. 70 N. LECANTO HWY. LECANTO, FL 34461</b>	

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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</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000111670</b> <b>04/13/04-80029-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STR FALLOWS, JUDITH L 70 LECANTO HWY LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP FALLOWS, C.M. 70 LECANTO HWY LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HASHIM, MARK N 70 LECANTO HWY LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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.

<b>SIGNATURE:</b> 	<b>4/02/04 (352) 527-6699</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>