

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90107 003 \*\*\*150.00

**DOCUMENT # K54934**

1. Entity Name  
**GULFCOAST ANESTHESIA SPECIALISTS, INC.**



Principal Place of Business

70 N. LECANTO HWY.  
LECANTO, FL 34461 US

Mailing Address

120 S.E. 2ND AVE.  
CRYSTAL RIVER, FL 34429 US

**50013748**



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2927033**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FALLOWS, C.M.  
70 N. LECANTO HWY.  
LECANTO, FL 34461

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STR  
FALLOWS, JUDITH L  
70 LECANTO HWY  
LECANTO, FL 34461

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
FALLOWS, C.M.  
70 LECANTO HWY  
LECANTO, FL 34461

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
HASHIM, MARK N  
70 LECANTO HWY  
LECANTO, FL 34461

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06  
Date

352-527-6699  
Daytime Phone #