

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54934

FILED
Apr 25, 2012
Secretary of State

Entity Name: GULFCOAST ANESTHESIA SPECIALISTS, INC.

Current Principal Place of Business:

70 N LECANTO HWY
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

70 N LECANTO HWY
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 59-2927033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: FALLOWS, C M
Address: 70 LECANTO HWY
City-St-Zip: LECANTO, FL 34461

Title: V
Name: HASHIM, MARK N
Address: 70 LECANTO HWY
City-St-Zip: LECANTO, FL 34461

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: C.M. FALLOWS

DP

04/25/2012

Electronic Signature of Signing Officer or Director

Date