

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L06055

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST ANESTHESIA INC.

**Current Principal Place of Business:**

21275 OLEAN BLVD  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21275 OLEAN BLVD  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0131879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASKIND, LINDA  
1841 HUDSON STREET  
ENGLEWOOD, FL 34223 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: DPV  
Name: BASKIND, MICHAEL  
Address: 1841 HUDSON STREET  
City-St-Zip: ENGLEWOOD, FL

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: MICHAEL A BASKIND

PRES

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date