

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069550

FILED  
Apr 24, 2004  
Secretary of State

Entity Name: GULF COAST ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 346523736

**New Principal Place of Business:**

**Current Mailing Address:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 346523736

**New Mailing Address:**

FEI Number: 59-3659828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANE, LESTER E  
5303 LOCUST PLACE  
NEW PORT RICHEY, FL 346523736

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CHANG, SING LONG  
Address: 4317 HARBOR POINTE  
City-St-Zip: PORT RICHEY, FL 34668

Title: T ( ) Delete  
Name: LANE, LESTER E  
Address: 5303 LOCUST PLACE  
City-St-Zip: NEW PORT RICHEY, FL 346523736

Title: VPD ( ) Delete  
Name: CHANG, FONG M  
Address: 5307 MAIN STREET., STE. 102  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: CHANG, SING LONG  
Address: 4317 HARBOR POINTE  
City-St-Zip: PORT RICHEY, FL 346686172

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 an address, with all other like empowered.

SIGNATURE: SING LONG CHANG

PSD

04/24/2004

Electronic Signature of Signing Officer or Director

Date