2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P01000034295

Entity Name: GOLDEN GIRL ANESTHESIA INC.

Current Principal Place of Business:

1435 FORD CIR
LEHIGH ACRES, FL 339361115

New Principal Place of Business:

5492 HARBOUR CASTLE DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

1435 FORD CIR
LEHIGH ACRES, FL 339361115

New Mailing Address:

5492 HARBOUR CASTLE DRIVE
FORT MYERS, FL 33907

FEI Number: 71-6930775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERSON, THOMAS L
1435 FORD CIR
LEHIGH ACRES, FL 339361115 US

Name and Address of New Registered Agent:

PIERSON, CABRINA A
5492 HARBOUR CASTLE DRIVE
FORT MYERS, FL 33907 US

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: CABRINA A. PIERSON 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERSON, SABRINA K
Address: 1435 FORD CIR
City-St-Zip: LEHIGH ACRES, FL 339361115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERSON, SABRINA K
Address: 5492 HARBOUR CASTLE DRIVE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SABRINA K. PIERSON PRES 04/27/2009
Electronic Signature of Signing Officer or Director Date