

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000034295

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN GIRL ANESTHESIA INC.

**Current Principal Place of Business:**

5486 HARBOUR CASTLE DRIVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5486 HARBOUR CASTLE DRIVE  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 71-6930775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

PIERSON, CABRINA A  
5486 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: SABRINA PIERSON

05/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PIERSON, SABRINA K  
Address: 5486 HARBOUR CASTLE DRIVE  
City-St-Zip: FORT MYERS, FL 33907

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: SABRINA PIERSON

PRES

05/04/2011

Electronic Signature of Signing Officer or Director

Date