

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091404

FILED
Feb 06, 2011
Secretary of State

Entity Name: GAINESVILLE OUTPATIENT ANESTHESIA, P.A.

Current Principal Place of Business:

9326 SW 53RD LAND
GAINESVILLE, FL 32608

New Principal Place of Business:

4600 NEWBERRY ROAD
GAINESVILLE, FL 32607

Current Mailing Address:

9326 SW 53RD LAND
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3745012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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: DR
Name: WALSH, KATHY
Address: 9326 SW 53RD LAND
City-St-Zip: GAINESVILLE, FL 32608

Title: DR
Name: GAMMAGE, GARY
Address: 9326 SW 53RD LAND
City-St-Zip: GAINESVILLE, FL 32608

Title: DR
Name: BLAS, MARK
Address: 9326 SW 53RD LANE
City-St-Zip: GAINESVILLE, F 32608

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: KATHY WALSH

PRES

02/06/2011

Electronic Signature of Signing Officer or Director

Date