

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091404

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** GAINESVILLE OUTPATIENT ANESTHESIA, P.A.

**Current Principal Place of Business:**

4600 NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**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: BLAS, MARK  
Address: 9326 SW 53RD LAND  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: DR  
Name: NOWICKI, ANDRZEJ  
Address: 9326 SW 53RD LANE  
City-St-Zip: GAINESVILLE, FL 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

01/08/2012

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

\_\_\_\_\_  
Date