

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90005 003 ***150.00

DOCUMENT # P02000004102

1. Entity Name
G.O. ANESTHESIA, P.A.



Principal Place of Business
2125 NE 16 AVENUE
WILTON MANORS, FL 33305

Mailing Address
2125 NE 16 AVENUE
WILTON MANORS, FL 33305



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1519398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.
2700 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL

Herman Moskowitz
3850 Hollywood Blvd #204
Hollywood FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VT
NAME OSSTYN, STEVEN
STREET ADDRESS 2125 NE 15TH AVE.
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE P
NAME GOMEZ, ALFREDO
STREET ADDRESS 2125 NE 15TH AVE.
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04

Date

954-630-3302

Daytime Phone #