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Secretary of State
04-07-2008 90044 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004102

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

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

40060818

01072008 No Chg-P CR2E034 (11/05)

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

MUZZOWITZ, HERMON
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 33-0212

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2008 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ STEVEN OSSTYN 1-12-08 954-630-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #