2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P02000004102

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

Current Principal Place of Business:

2125 NE 16 AVENUE
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2125 NE 16 AVENUE
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 72-1519398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUZZOWITZ, HERMON
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 330212 US

Name and Address of New Registered Agent:

MOSKOWITZ, HERMAN
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 330212 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: HERMAN MOSKOWITZ 03/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VT ( ) Delete
Name: OSSTYN, STEVEN
Address: 2125 NE 15TH AVE.
City-St-Zip: WILTON MANORS, FL 33305

Title: P ( ) Delete
Name: GOMEZ, ALFREDO
Address: 2125 NE 15TH AVE.
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN C. OSSTYN VP 03/28/2009
Electronic Signature of Signing Officer or Director Date