2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2011
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:

MOSKOWITZ, HERMAN
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 330212 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: VP
Name: OSSTYN, STEVEN
Address: 2125 NE 15TH AVE.
City-St-Zip: WILTON MANORS, FL 33305

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

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: STEVEN OSSTYN VP 04/02/2011

Electronic Signature of Signing Officer or Director — Date