

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90036 008 ***158.75

DOCUMENT # P02000074987

1. Entity Name
GULF COAST ANESTHESIOLOGY PA



Principal Place of Business
2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL 34236 US

Mailing Address
2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL 34236 US

94013343



2. Principal Place of Business
4947 Clark Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 21689
Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
Sarasota FL
Zip 34233 Country USA

City & State
Sarasota FL
Zip 34276 Country USA

4. FEI Number
46-0493574
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOBO, J. ALLEN
2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL FL

7. Name and Address of New Registered Agent

Name DAN L. Kirkpatrick
Street Address (P.O. Box Number is Not Acceptable)
4947 Clark Rd
City Sarasota FL Zip Code 34233

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

(NOTE: Registered Agent signature required when reinstating)

1/26/04
DATE

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	P	<input checked="" type="checkbox"/> Delete
NAME	BOBO, J. ALLEN	
STREET ADDRESS	2 N. TAMiami TRAIL, STE 500	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAN L. Kirkpatrick	
STREET ADDRESS	4947 Clark Rd	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

941-650-4291
Daytime Phone #