
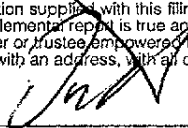


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 -08:00 AM
Secretary of State

DOCUMENT # P02000074987 1. Entity Name GULF COAST ANESTHESIOLOGY PA		
Principal Place of Business 4947 CLARK RD. SUITE 500 SARASOTA, FL 34233 US		Mailing Address PO BOX 21689 SARASOTA, FL 34276 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIRKPATRICK, DAN L 4947 CLARK RD. SARASOTA, FL 34233		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000403603 02/06/06-80013-014 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	KIRKPATRICK, DAN L	
STREET ADDRESS	4947 CLARK RD.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
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TITLE		DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		
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TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		