

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000121695

1. Entity Name

WEST COAST ANESTHESIA, P.A.



Principal Place of Business

3653 E. FOREST DR.
INVERNESS, FL 34453

Mailing Address

3653 E. FOREST DR.
INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number

86-1086052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUENO, FERNANDO
3653 E. FOREST DR.
INVERNESS, FL 34453

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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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUENO MD, FERNANDO
STREET ADDRESS	3653 E. FOREST DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	BIKKASANI MD, P.R.
STREET ADDRESS	3653 E. FOREST DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	HELLSTERN MD, PAUL JR
STREET ADDRESS	3653 E. FOREST DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	MARTENSON MD, JOHANNES
STREET ADDRESS	3653 E. FOREST DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	RAM MD, ANIL
STREET ADDRESS	3653 E. FOREST DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #