


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000121695 1. Entity Name WEST COAST ANESTHESIA, P.A.	
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Principal Place of Business 3653 E. FOREST DR. INVERNESS, FL 34453	Mailing Address 3653 E. FOREST DR. INVERNESS, FL 34453
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1086052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000630073 02/19/07-80026-009 150.00
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: Fernando Bueno, MD 01/31/07 (352)344-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #