

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121695

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: WEST COAST ANESTHESIA, P.A.

## Current Principal Place of Business:

3653 E. FOREST DR.  
INVERNESS, FL 34453

## New Principal Place of Business:

## Current Mailing Address:

3653 E. FOREST DR.  
INVERNESS, FL 34453

## New Mailing Address:

FEI Number: 86-1086052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BUENO MD, FERNANDO  
Address: 3653 E. FOREST DRIVE  
City-St-Zip: INVERNESS, FL 34453

Title: SD ( ) Delete  
Name: BIKKASANI MD, P.R.  
Address: 3653 E. FOREST DRIVE  
City-St-Zip: INVERNESS, FL 34453

Title: VD ( ) Delete  
Name: HELLSTERN MD, PAUL JR  
Address: 3653 E. FOREST DRIVE  
City-St-Zip: INVERNESS, FL 34453

Title: VD ( ) Delete  
Name: MARTENSON MD, JOHANNES  
Address: 3653 E. FOREST DRIVE  
City-St-Zip: INVERNESS, FL 34453

Title: TD ( ) Delete  
Name: RAM MD, ANIL  
Address: 3653 E. FOREST DRIVE  
City-St-Zip: INVERNESS, FL 34453

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANIL RAM MD

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date