## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000121695

Entity Name: WEST COAST ANESTHESIA, P.A.

FILED Jan 07, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3653 E. FOREST DR. INVERNESS, FL 34453 US

Current Mailing Address: New Mailing Address:

3653 E. FOREST DR.

INVERNESS, FL 34453 US

FEI Number: 86-1086052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAM MD, ANIL TD 3653 E. FOREST DR. INVERNESS, FL 34453 US

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.

III the State of Florid

SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: HELLSTERN JR MD, PAUL PD Address: 3653 E. FOREST DRIVE City-St-Zip: INVERNESS, FL 34453 US

Title: SD

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

Title: VD

Name: MARTENSSON MD, JOHANNES K VPD

Address: 3653 E. FOREST DRIVE City-St-Zip: INVERNESS, FL 34453 US

Title: TD

 Name:
 RAM MD, ANIL TD

 Address:
 3653 E. FOREST DRIVE

 City-St-Zip:
 INVERNESS, FL 34453 US

Title: [

Name: REDDI MD, LAKSHMIPAHTI D Address: 3653 E. FOREST DRIVE City-St-Zip: INVERNESS, FL 34453 US

Title: D

Name: CHANDRUPATLA MD, SREEKANTH D

Address: 3653 E. FOREST DRIVE
City-St-Zip: INVERNESS, FL 34453 US

I hereby 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 all other like empowered.

SIGNATURE: ANIL RAM MD TD 01/07/2011