

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007613

FILED
Feb 18, 2009
Secretary of State

Entity Name: GULFCOAST ANESTHETIST SPECIALISTS, P.A.

Current Principal Place of Business:

1954 OREGON TRAIL #4
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

1954 OREGON TRAIL #4
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 20-0610698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, SUSAN
210 MONTANA AVE
NOKOMIS, FL 34275 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: D () Delete
Name: DUPREE, SUSAN
Address: 210 MONTANA AVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SUSAN DUPREE

DIRE

02/18/2009

Electronic Signature of Signing Officer or Director

Date