

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169864

FILED
Jan 17, 2007
Secretary of State

Entity Name: GAMMA ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

2854 SCOTT MILL TERRACE
JACKSONVILLE, FL 32257

New Principal Place of Business:

1497 KILRUSH DR.
ORMOND BEACH, FL 32174

Current Mailing Address:

2854 SCOTT MILL TERRACE
JACKSONVILLE, FL 32257

New Mailing Address:

1497 KILRUSH DR.
ORMOND BEACH, FL 32174

FEI Number: 20-2026041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHAN MCCOMB, ANNA
2854 SCOTT MILL TERRACE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

MCCOMB, BRIAN
1497 KILRUSH DR.
ORMOND BEACH, FL 32174 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.

SIGNATURE: BRIAN MCCOMB

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: MCCOMB, BRIAN DAVID
Address: 2854 SCOTT MILL TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: MCCOMB, BRIAN DAVID
Address: 1497 KILRUSH DR.
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN MCCOMB

MR.

01/17/2007

Electronic Signature of Signing Officer or Director

Date