


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90100 048 ***150.00

DOCUMENT # P06000067139

1. Entity Name
EXCELSIOR ANESTHESIA, PA



Principal Place of Business Mailing Address
7333 ISLANDER LANE **7333 ISLANDER LANE**
HUDSON, FL 34667 **HUDSON, FL 34667**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01302007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4896192 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUNDKALLI, RAMIZ M.D.
7333 ISLANDER LANE
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Ramiz Gundkalli* DATE 1/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUNDKALLI, RAMIZ M.D.	
STREET ADDRESS	7333 ISLANDER AVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUNDKALLI, RAMIZ M.D.	
STREET ADDRESS	7333 ISLANDER LANE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	GUNDKALLI, RAMIZ M.D.	
STREET ADDRESS	7333 ISLANDER LANE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	GUNDKALLI, RAMIZ M.D.	
STREET ADDRESS	7333 ISLANDER LANE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ramiz Gundkalli* DATE 1/30/07 DAYTIME PHONE # 813 732 5342

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