

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067139

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: EXCELSIOR ANESTHESIA, PA

**Current Principal Place of Business:**

7333 ISLANDER LANE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7333 ISLANDER LANE  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 20-4896192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUNDKALLI, RAMIZ M.D.  
7333 ISLANDER LANE  
HUDSON, FL 34667 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: P  
Name: GUNDKALLI, RAMIZ M.D.  
Address: 7333 ISLANDER AVE  
City-St-Zip: HUDSON, FL 34667

Title: VP  
Name: GUNDKALLI, RAMIZ M.D.  
Address: 7333 ISLANDER LANE  
City-St-Zip: HUDSON, FL 34667

Title: SEC  
Name: GUNDKALLI, RAMIZ M.D.  
Address: 7333 ISLANDER LANE  
City-St-Zip: HUDSON, FL 34667

Title: TREA  
Name: GUNDKALLI, RAMIZ M.D.  
Address: 7333 ISLANDER LANE  
City-St-Zip: HUDSON, FL 34667

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: RAMIZ GUNDKALLI, MD

P

04/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date