# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2009**
**Secretary of State**

DOCUMENT# P07000085757

**Entity Name:** GULFSTREAM ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

1811 S 25TH ST
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

1811 S 25TH ST
FORT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number: 26-0770388** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KATTA, JOSEPH J
1900 NEBRASKA AVE, SUITE 5
FT PIERCE, FL 34947 US

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

KATTA, JOSEPH J
1811 S 25TH ST
FT PIERCE, FL 34947 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: JOSEPH J KATTA MD 05/04/2009
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete
Name: KATTA, JOSEPH J
Address: 1900 NEBRASKA AVE, SUITE 5
City-St-Zip: FT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition
Name: KATTA, JOSEPH J
Address: 1811 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34947

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: JOSEPH J KATTA MD MD 05/04/2009
Electronic Signature of Signing Officer or Director Date