2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000018031

1. Entity Name
MORTON PLANT MEASE OUTPATIENT ANESTHESIOLOGY, P.A.

Principal Place of Business	Mailing Address
6600 MADISON STREET NEW PORT RICHEY, FL 34652 US	POBOX 340382 TAMPA, FL 33694-0782

02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0664829
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUBBINI, PAUL
6600 MADISON STREET
NEW PORT RICHEY, FL 34652

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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 Paul Gubbini President - NO Change Needed 03-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUBBINI, PAUL
STREET ADDRESS	6600 MADISON STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	SAID, NADER
STREET ADDRESS	6600 MADISON STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	DHALIWAL, TEJINDAR
STREET ADDRESS	6600 MADISON STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST
NAME	JENNINGS, WILLIAM
STREET ADDRESS	6600 MADISON STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80022-018 150.00

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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: Paul Gubbini 3-14-06 727-823-4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #