

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018031

FILED  
Jan 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6600 MADISON STREET  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 340382  
TAMPA, FL 336940782

**New Mailing Address:**

PO BOX 552436  
TAMPA, FL 336552436 US

FEI Number: 65-0664829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GUBBINI, PAUL  
Address: 6600 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: DHALIWAL, TEJINDAR  
Address: 6600 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: PRES (X) Change ( ) Addition  
Name: GUBBINI, PAUL MD  
Address: 6600 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change ( ) Addition  
Name: DHALIWAL, TEJINDAR MD  
Address: 6600 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: PAUL GUBBINI MD

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date