

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018031

**FILED**  
**Feb 22, 2010**  
**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:**

6600 MADISON STREET  
BOX 803  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

PO BOX 552436  
TAMPA, FL 336552436 US

**New Mailing Address:**

6600 MADISON STREET  
BOX 803  
NEW PORT RICHEY, FL 34652 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 MD  
6600 MADISON STREET  
NEW PORT RICHEY, FL 34652 US

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

GUBBINI, PAUL MD  
6600 MADISON STREET  
BOX 803  
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:**

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GUBBINI, PAUL MD  
**Address:** 6600 MADISON STREET, BOX 803  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** VP  
**Name:** DHALIWAL, TEJINDAR MD  
**Address:** 6600 MADISON STREET, BOX 803  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

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:** PAUL GUBBINI MD

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date