2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P96000018031

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
BOX 803
NEW PORT RICHEY, FL 34652 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

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 01/07/2011

Electronic Signature of Signing Officer or Director Date