

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097107

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

2 COLUMBIA DRIVE  
ROOM A327  
TAMPA, FL 33606 US

## New Principal Place of Business:

2 COLUMBIA DRIVE  
SUITE A327  
TAMPA, FL 33606 US

## Current Mailing Address:

360 BLANCA AVENUE  
TAMPA, FL 336063630 US

## New Mailing Address:

FEI Number: 59-3411711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANGAR, DEVANAND MD  
360 BLANCA AVENUE  
TAMPA, FL 336063630 US

## Name and Address of New Registered Agent:

MANGAR, DEVANAND MD  
2 COLUMBIA DRIVE  
SUITE A327  
TAMPA, FL 336063630 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:

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANGAR, DEVANAND MD  
Address: 2 COLUMBIA DRIVE, ROOM A327  
City-St-Zip: TAMPA, FL 336063630 US

Title: D ( ) Delete  
Name: AMRAT, ANAND M MD  
Address: 2 COLUMBIA DRIVE, ROOM A327  
City-St-Zip: TAMPA, FL 33606 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MANGAR, DEVANAND MD  
Address: 2 COLUMBIA DRIVE, SUITE A327  
City-St-Zip: TAMPA, FL 33606 US

Title: D (X) Change ( ) Addition  
Name: AMRAT, ANAND M MD  
Address: 2 COLUMBIA DRIVE, SUITE A327  
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEVANAND MANGAR, MD

D

02/08/2007

Electronic Signature of Signing Officer or Director

Date