

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097107

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 33606 US

New Principal Place of Business:

1 TAMPA GENERAL CIRCLE
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
2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 336063630 US

Name and Address of New Registered Agent:

MANGAR, DEVANAND MD
1 TAMPA GENERAL CIRCLE
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:

03/16/2009

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, SUITE A327
City-St-Zip: TAMPA, FL 33606 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANGAR, DEVANAND MD
Address: 1 TAMPA GENERAL CIRCLE, SUITE A327
City-St-Zip: TAMPA, FL 33606 US

Title: D (X) Change () Addition
Name: AMRAT, ANAND M MD
Address: 1 TAMPA GENERAL CIRCLE, SUITE A327
City-St-Zip: TAMPA, FL 33606 US

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: DEVANAND MANGAR, MD

D

03/16/2009

Electronic Signature of Signing Officer or Director

Date