

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000074337

FILED
Mar 10, 2004
Secretary of State

Entity Name: FLORIDA 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:

Current Mailing Address:

360 BLANCA AVENUE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 65-0791956

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 33606 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

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 33606

Title: D () Delete
Name: ANAND, AMRAT MD
Address: 2 COLUMBIA DR
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

03/10/2004

Electronic Signature of Signing Officer or Director

Date