

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90112 048 ***150.00

DOCUMENT # P99000101220

1. Entity Name
GUARDIAN ANESTHESIA SERVICES, P.A.



Principal Place of Business

2901 W. SWANN AVE
TAMPA, FL 33609

Mailing Address

P.O. BOX 16857
TAMPA, FL 33687-6857

50026103



2. Principal Place of Business

3. Mailing Address

P.O. Box 8036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-P CR2E034 (10/03)

City & State

City & State

Tampa, FL

4. FEI Number
59-3608942

Applied For
Not Applicable

Zip

Country

Zip

33674

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BAYANI, ANTONIO ☐ Delete
STREET ADDRESS P.O. BOX 16857
CITY-ST-ZIP TAMPA, FL 33687

TITLE ☒ Change ☐ Addition
NAME P.O. Box 8036
STREET ADDRESS Tampa, FL 33674
CITY-ST-ZIP

TITLE ST
NAME HANKERSON, JAMES ☐ Delete
STREET ADDRESS P.O. BOX 16857
CITY-ST-ZIP TAMPA, FL 33687

TITLE ☒ Change ☐ Addition
NAME P.O. Box 8036
STREET ADDRESS Tampa, FL 33674
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

813-985-5992

Daytime Phone #