

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90024 040 \*\*\*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 8036  
TAMPA, FL 33674

*This  
correct  
mailing  
address*

**40049035**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*198 Black Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008

Chg-P

CR2E034 (12/06)

City & State

City & State

*Tampa, FL*

4. FEI Number

59-3608942

Applied For

Not Applicable

Zip

Country

Zip

Country

*33606*

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 restateing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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** ☒ Delete  
NAME **BAYANI, ANTONIO**  
STREET ADDRESS **P.O. BOX 8036**  
CITY-ST-ZIP **TAMPA, FL 33674**

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

TITLE **ST** ☐ Delete  
NAME **HANKERSON, JAMES**  
STREET ADDRESS **P.O. BOX 8036**  
CITY-ST-ZIP **TAMPA, FL 33674**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Chen, Albert** ☐ Delete  
NAME **PO Box 8034**  
STREET ADDRESS **Tampa, FL 33674**  
CITY-ST-ZIP

TITLE **Sec/Treas** ☐ 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 exemptions contained 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 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

Date

Daytime Phone #

*3/12/08*

*813-391-4265*