2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101220

FILED Mar 11, 2009 Secretary of State

Entity Name: GUARDIAN ANESTHESIA SERVICES, P.A. **Current Principal Place of Business: New Principal Place of Business:** 2901 W. SWANN AVE TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** P.O. BOX 8036 TAMPA, FL 33674 FEI Number: 59-3608942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN S ESQ. HANKERSON, JAMES G MD 1245 COURT STREET 198 BLANCA AVE TAMPA, FL 33606 US SUITE 102 CLEARWATER, FL 33756 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: JAMES G. HANKERSON, MD 03/11/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HANKERSON, JAMES Name: Name: P.O. BOX 8036 Address: Address: City-St-Zip: TAMPA, FL 33674 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHEN, ALBERT Name: POB 8036 Address: Address: TAMPA, FL 33674 City-St-Zip: City-St-Zip:

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: JAMES G. HANKERSON **PRES** 03/11/2009