

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90021 036 ***150.00

DOCUMENT # 600144

1. Entity Name
ANESTHESIA PROFESSIONAL ASSOCIATION, INC.

Principal Place of Business ONE SOUTHEAST 3RD AVENUE., 15TH FLOOR MIAMI FL 33131 US	Mailing Address ONE SOUTHEAST 3RD AVENUE., 15TH FLOOR MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0970932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCNERNEY, MICHAEL
 BRINKLEY, MCNERNEY, MORGAN, SOLOMON
 200 E LAS OLAS, STE 1800
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	IANNUCCILLO, BRETT	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOLAN, GERARD MD	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, RAMON MD	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENEGAKIS, ZACHARY	
STREET ADDRESS	5300 NW 33RD AVE STE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARI, ALFREDO	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENWICK, MARTIN MD	
STREET ADDRESS	5300 NW 33 AVE 204	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zachary Menegakis **ZACHARY MENEGAKIS** 3/20/01 305 3798200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)