

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58127

1. Entity Name

NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A. ✓

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90005 013 ***550.00

Principal Place of Business

2165 HERSCHEL STREET
 JACKSONVILLE FL 32204
 US

Mailing Address

2165 HERSCHEL STREET
 JACKSONVILLE FL 32204
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3012384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AKEL, EDWARD C.
 2301 INDEPENDENT SQUARE
 JACKSONVILLE, FL FL 32202

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS HARDING, KATHERINE A
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

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

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS KERR, JAMES K III
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

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

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS LINEBERRY, PAUL J
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

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

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS ROSENBERG, LEE D
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

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

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS SMITH, WILLIAM T
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

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

TITLE _____ Delete
 NAME VPD
 STREET ADDRESS GREENE ROGER W.
 CITY-ST-ZIP 2165 HERSCHEL STREET
 JACKSONVILLE FL

TITLE _____ Change 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: Paul J Lineberry Paul J Lineberry VPD 7/20/00 3874032
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 C. F. O.

CR2E034 15/00