

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90996 037 ***150.00

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DOCUMENT # L58127

1. Entity Name
NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.



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

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
JACKSONVILLE, 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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE **P** ☐ Change ☐ Addition
NAME **Tunstall, Stephen L**
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **Chapman, James G**
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

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

TITLE **VPD** ☐ Change ☒ Addition
NAME **DONOVAN, KEVIN**
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **Chen, Bai X**
STREET ADDRESS **2165 Herschel Str**
CITY-ST-ZIP **Jacksonville, FL 32204**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **Crum, Jr., Paul M**
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **Godboldt, Anthony O**
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

4/28/3

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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70053814

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Make Check Payable to Florida Department of State**

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **VPD Hernandez, Henry-Jim** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME **VP Roces, Armando J** ☐ Change ☐ Addition
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE
NAME **VPD Koehler, David C** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME **VP Scott, John D** ☐ Change ☐ Addition
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE
NAME **VPD Lee, Edward M** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME **VPD Soha, Walter M** ☒ Change ☐ Addition
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME **VPD Patterson, Sarah L** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME **VP Boggs, Ralph B** ☒ Delete ☐ Change ☐ Addition
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE
NAME **VPD Perry, Phil C** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPD Ponte, Robert A** ☐ Delete
STREET ADDRESS **2165 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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