## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** L58127 DOCUMENT # 1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

2165 HERSCHEL STREET

JACKSONVILLE FL 32204

Principal Place of Business

2. Principal Place of Business

Country

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

6. Name and Address of Current Registered Agent

2165 HERSCHEL STREET

JACKSONVILLE FL 32204

Suite, Apt. #, etc.

AKEL, EDWARD C.

2301 INDEPENDENT SQUARE JACKSONVILLE, F;L FL 32202

the obligations of registered agent.

City & State



am	0022622	
<del>-</del>	>	

05-01-2003 90996 037 \*\*\*150.00 CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3012384 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11

5	
0	
_	
_	
-+	
ሕ	
8	
ы	
Ω.	
~	
<u> </u>	
v	

ন্ত

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPD Delete	TITLE	P Change Addition			
NAME	HARDING, KATHÉRINE A	NAME	Tunstill, Stephen L			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 Herschel St			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32204			
TITLE	VPD Delete	TITLE	VP ☐ Change ☐ Addition			
NAME	KERR, JAMES K III	NAME	Chapman, James G			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 Herschel St			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32204			
TITLE	VPD Delete	TITLE	✓P ➤ Change Addition			
NAME .	LINEBERRY, PAUL J	NAME	DONOVAN, REVIN			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 HEISCHEL STREET			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	JACKSONVILLE FL			
TITLE	VPD Delete	TITLE	VP ☐ Change ☐ Addition			
NAME	ROSENBERG, LEE D	NAME	Chen, Bai X			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 Herschel Str			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32204			
TITLE	VPD Delete	TITLE	VP . Change Addition			
NAME	SMITH, WILLIAM T	NAME	Crum, Jr., Paul M			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 Herschel St			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL			
TITLE	VPD Delete	TITLE	<b>VP</b> ☐ Change ☐ Addition			
NAME	GREENE ROGER W.	NAME	Godboldt, Anthony O			
STREET ADDRESS	2165 HERSCHEL STREET	STREET ADDRESS	2165 Herschel St			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32204			
12. Thereby certify that the information supplied with this filling destroit 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 of trustee empowered to excuse that is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L58127  1. Entity Name NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.					70053814						
Principal Place 2165 HERSCHI JACKSONVILLI US	iel street	s	Mailing Address 2165 HERSCHEL STRE JACKSONVILLE FL 32 US		<u> </u>			13 <b>5</b> 1 torus sure		RII VIÈ II dIÈ II	
2. Principal P	lace of Busir	ness	3. Mailing Address						#  {	BOY AVEDY BIRBY I	
Suite, Apt.	#, etc.	· ·	Suite, Apt. #, etc.					HECK HE	RE IF MAKING	CHANGES	\$
City & State	e		City & State				4. FEI Number 5	9-30123	84	<del></del>	oplied For ot Applicable
Zip		Country	Zip	Çour	itry		5. Certificate of Sta	tus Desire	(1   1	\$8.75 Ad	
	6. Name	and Address of Currer	nt Registered Agent			<u></u> _	7. Name and Addr	ess of Nev	w Registered	Agent	
AKEL, EDV	י מפגעו			-	Name				<del></del>	<u>-</u>	
•	WARD C. EPENDENT	SOLIARE			Street A	ddress (P.	O. Box Number is N	ot Accepta	ible)		
	VILLE, F;L			•							
,	, , , , , , , , , , , , , , , , , , , ,				City				FL	Zip Cod	
	named entity		for the purpose of changing	its register	d office or	registered	d agent, or both, in t	ne State of		amiliar with,	and accept
SIGNATURE _	Una or regiat	o, ou ago, ii.									
3.428	Signature, typed	or printed name of registered age	nt and title if applicable. (f	NOTÉ: Registere	d Agent signatu	are required wi	nen reinstating)		DATÉ		
After	May:1:,200	######################################					9. Election Trust Fur	Campaign nd Contribu			00 May Be d to Fees
10.	VADO	OFFICERS AN	D DIRECTORS	. 11.		VP	ADDITIONS/CHAP	IGES TO C	FFICERS AND		
TITLE  NAME STREET ADDRESS DITY-ST-ZIP		ndez, Henry SCHEL STREET WILLER	y−Jim □ Delete	10		Roce 2165	es, Armano Hersche Sonville	l St	32204	∐ Change	Additio
ITLE	VPD	THE TANK	☐ Delete	TITL		VP	BOHVIIIC	,	32203	Change	☐ Additio
IAME STREET ADDRESS	Koehl	er, David ( SCHELSTREET		NAM STRE	E Et address	Scot	t, John i Herschei	D 1 St			
CITY-ST-ZIP	JACKSON	VILLE FL		CITY	- ST-ZIP		sonville	, FL	3220	4	
TILE NAME	VPD Lee,∽	Edward-M-	E Delete	TITLE		<b>VP⊅</b> Soha	Walter	_M		Change	
STREET ADDRESS CITY-ST-ZIP	2165 HER JACKSON	schel street Ville fl	i	H.	ET ADDRESS -ST-ZIP	2165 JACK	Herscho		TREE		ŧ
TILE	VPD		☐ Delete	TITU		VP		<u>x</u>	Delete	Change	Additio
AME STREET ADDRESS	2165 HER	rson, Saral SCHEL STREET	h L	19	ET ADDRESS		s Ralph, Hersche sonville		22204		
CITY-ST-ZIP	JACKSON VPD	VILLE FL	,		-ST-ZIP	Jack	POUATITE	, ru	72204	[] OL	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Phil C SCHEL STREET VILLE FL	· Delete	là là						☐ Change	☐ Addition
	VPD Ponte 2165 HER	, Robert A	☐ Delete	a	e Et address					Change	Addition
ZTY-ST-ZIP  12. I hereby c indicated of the corp changed,	JACKSON certify that the on this repor poration or the or on an atte	e information supplied with the community of the communit	ith this filing does not chalfy is true and accurate end the powered to execute this fep, with all other like empower	for the exe at my signa ort as requi	-ST-ZIP mption stat ture shall ha red by Cha	ed in Sect ave the sa pter 607, f	ion 119.07(3)(i), Flor me legal effect as if Florida Statutes: And	ida Statute made und that my no	es. I further cer er oath; that I a ame appears in	tify that the i m an officer Block 10 or	nformation or director Block 11 if

Daylime Phone #