2001

~~2000~~ UNIFORM BUSINESS REPORT (UBR)

6/15

FILED
Jun 29, 2001 8:00 am
Secretary of State
06-15-2001 90171 043 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000039145

1. Entity Name

Andolina Anesthesia Associates

Principal Place of Business: 10439 Tony Circle Seminole. FL. 33778

Mailing Address

2. Principal Place of Business	3. Mailing Address
10439 Tony Circle	
Suite, Apt. #, etc. Seminole,	Suite, Apt. #, etc.
City & State FL	City & State
Zip 33778 Country Pinellas	Zip Country

4. FEI Number 59-3640142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Kathryn R. Andolina	Name ← (Note: New address)
10439 Tony Circle	Street Address (P.O. Box Number is Not Acceptable)
Seminole, FL 33778	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 Kathryn R. Andolina [signature] 6/9/01
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 $150.00
After MAY 1, 2000 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 (Same as above)		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President / NAME Kathryn R. Andolina / STREET ADDRESS 10439 Tony Circle / CITY-ST-ZIP Seminole, FL 337[illegible]	☒ Change (New address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

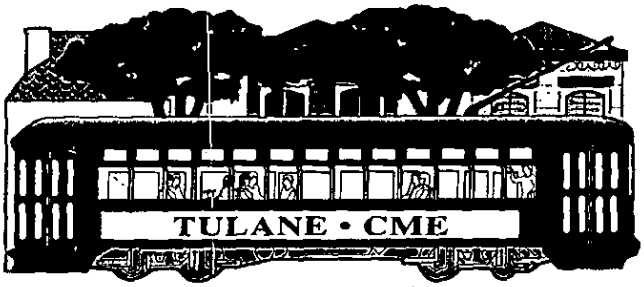
SIGNATURE: Kathryn R Andolina President [signature] 6/10/01 7273979379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

9139

Doc# P000000 39145

Attachment
Doc# P000000 39145
[redacted]



ATTENTION:

To Whom it may concern...

Regarding filing of UBR-2001-
Since moving recently late last
year- I have not received
any documents from the state; AS
I have not even been in business one year yet.
As I now have permenent
residence for home and
business - I can receive all
documents. Please note that
all information I provided is
now current and correct. Thank You- Kathryn Andolina

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