

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90054 045 ***150.00

DOCUMENT # P98000024643

1. Entity Name
LAKE CITY ANESTHESIA & PAIN MANAGEMENT ASSOCIATE

Principal Place of Business 5701 OVERSEAS HIGHWAY SUITE 4 MARATHON FL 33050	Mailing Address P.O. BOX 5054490 MARATHON FL 33050
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913156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0821814		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MILLER, ROBERT K ESQ. 2975 OVERSEAS HIGHWAY MARATHON FL 33050				7. Name and Address of New Registered Agent Name CLORINDA ROBLES Street Address (P.O. Box Number is Not Acceptable) 5701 Overseas Hwy Suite # 4 MARATHON City FL Zip Code 33050			
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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 *Clorinda Robles* *Vice president* 1/28/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBLES, CLORINDA 5701 OVERSEAS HIGHWAY SUITE 4 MARATHON FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Clorinda Robles* 1/28/00 (305)743-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #