

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90095 017 ***150.00

DOCUMENT # 555239

1. Entity Name
ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.

Principal Place of Business 3949 EVANS AVENUE SUITE 102 SUITE 102 FORT MYERS FL 33901	Mailing Address 3949 EVANS AVENUE SUITE 102 SUITE 102 FORT MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-1783920	Applied For <input type="checkbox"/> 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 GREEN, BRUCE D 3949 EVANS AVENUE SUITE 102 FORT MYERS FL 33901	7. Name and Address of New Registered Agent Name GUY E. WHITESMAN Street Address (P.O. Box Number is Not Acceptable) 1715 MONROE STREET City Ft. Myers, FL Zip Code 33901
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3. 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 DATE **1/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HEDDEN, MICHAEL STREET ADDRESS 3949 EVANS AVENUE, SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE VD NAME HEDDEN, Michael STREET ADDRESS 3949 EVANS AVE. Ste 102 CITY-ST-ZIP Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MANALI, SIMEON STREET ADDRESS 3949 EVANS AVENUE SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE D NAME HOMOLKA, CHARLES STREET ADDRESS 3949 EVANS AVE, Ste 102 CITY-ST-ZIP FT. MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME EID, ROBERT E STREET ADDRESS 3949 EVANS AVENUE SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete	TITLE D NAME TURNER, ROBERT STREET ADDRESS 3949 EVANS AVE, Ste 102 CITY-ST-ZIP FT. MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MIGLIORE, ANTHONY D STREET ADDRESS 3949 EVANS AVENUE SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete	TITLE D NAME SHUCAVAGE BERNARD STREET ADDRESS 3949 EVANS AVE. Ste 102 CITY-ST-ZIP Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME NICOTRA, JOSEPH STREET ADDRESS 3949 EVANS AVENUE SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE D NAME BISBEE, CHARLES A. STREET ADDRESS 3949 EVANS AVE. Ste 102 CITY-ST-ZIP Ft. Myers, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BISBEE, CHARLES A STREET ADDRESS 3949 EVANS AVENUE SUITE 102 CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE TD NAME BISBEE CHARLES A. STREET ADDRESS 3949 EVANS AVE. Ste 102 CITY-ST-ZIP Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: DATE **2-1-02** DAYTIME PHONE # **941-939-2622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)