


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90055 034 \*\*\*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**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**M  
WHITESHAN, GUY E.  
1715 MONROE STREET  
FORT MYERS FL 33901**

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 \_\_\_\_\_ (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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HEDDEN, MICHAEL	
STREET ADDRESS	3949 EVANS AVENUE, SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANALILI, SIMEON	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOMOLKA, CHARLES	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, ROBERT	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NICOTRA, JOSEPH	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BISBEE, CHARLES A	
STREET ADDRESS	3949 EVANS AVENUE SUITE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Shucavage, Bernard</i>	
STREET ADDRESS	<i>3949 Evans Ave, Ste 102</i>	
CITY-ST-ZIP	<i>Ft. Myers, FL 33901</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Signature]* M.D., 1-9-03 239-939-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)