# 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 FLORI DA, M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 3949 EVANS AVENUE SUITE 102<br>SUITE 102<br>FORT MYERS FL 33901 | 3949 EVANS AVENUE SUITE 102<br>SUITE 102<br>FORT MYERS FL 33901 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1783920 ☐ Applied For ☐ Not Applicable

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

**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

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 _____ 1/14/02
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, 2002 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<br>HEDDEN, MICHAEL<br>3949 EVANS AVENUE, SUITE 102<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HEDDEN, Michael<br>3949 EVANS AVE. Ste 102<br>Ft. Myers, FL 33901 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MANALILI, SIMEON<br>3949 EVANS AVENUE SUITE 102<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOMOLKA, CHARLES<br>3949 EVANS AVE, Ste 102<br>Ft. Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>EID, ROBERT E<br>3949 EVANS AVENUE SUITE 102<br>FORT MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TURNER, ROBERT<br>3949 EVANS AVE, Ste 102<br>FT. Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MIGLIORE, ANTHONY D<br>3949 EVANS AVENUE SUITE 102<br>FORT MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHUCAVAGE, BERNARD<br>3949 EVANS AVE. Ste 102<br>Ft. Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NICOTRA, JOSEPH<br>3949 EVANS AVENUE SUITE 102<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BISBEE, CHARLES A<br>3949 EVANS AVENUE SUITE 102<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BISBEE, CHARLES A.<br>3949 EVANS AVE. Ste 102<br>Ft. Myers, FL 33901 | ☒ Change ☐ Addition |

CR2E034 (9/01)

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:** SIGNATURE REQUIRED SIMEON MANALILI, M.D. 2.1.02 941-939-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #