2000 UNIFORM BUSINESS REPORT (UBR)

09-12-2000 90235 039 ***550.00

DOCUMENT # 600144

1. Entity Name

ANESTHESIA PROFESSIONAL ASSOCIATION, INC.

FILED

00 SEP 12 PM 12:54

SECRETARY OF STATE
TALLAH[redacted]IDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5300 NW 33RD AVE SUITE 204 FORT LAUDERDALE FL 33309 US	5300 NW 33RD AVE SUITE 204 FT LAUDERDALE FL 33309 US

2. Principal Place of Business	3. Mailing Address
ONE SOUTHEAST 3 AVE	ONE SOUTHEAST 3 AVE
Suite, Apt. #, etc.: 15 floor	Suite, Apt. #, etc.: 15 floor
City & State: MIAMI	City & State: MIAMI FL
Zip: FL 33131	Zip: 33131
Country:	Country:

4. FEI Number 59-0970932 — 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
MCNERNEY, MICHAEL BRINKLEY, MCNERNEY, MORGAN, SOLOMON 200 E LAS OLAS, STE 1800 FT. LAUDERDALE FL 33301	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.

SIGNATURE _____ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	S ☐ Delete	TITLE	JAMES LESNIAK ☐ Change ☒ Addition
NAME	IANNUCCILLO, BRETT	NAME	DIRECTOR
STREET ADDRESS	5300 NW 33 AVE 204	STREET ADDRESS	5300 NW 33 AVE 204
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	FT LAUD FL 33309
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOLAN, GERARD MD	NAME	
STREET ADDRESS	5300 NW 33 AVE 204	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, RAMON MD	NAME	
STREET ADDRESS	5300 NW 33 AVE 204	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MENEGAKIS, ZACHARY	NAME	
STREET ADDRESS	5300 NW 33RD AVE STE 204	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERRARI, ALFREDO	NAME	
STREET ADDRESS	5300 NW 33 AVE 204	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FENWICK, MARTIN MD	NAME	
STREET ADDRESS	5300 NW 33 AVE 204	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	CITY-ST-ZIP	

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 — 7/31/00 — 1-800-999-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/13