

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90021 036 \*\*\*150.00

**DOCUMENT # 600144**

1. Entity Name  
**ANESTHESIA PROFESSIONAL ASSOCIATION, INC.**

|                                                                                                                                         |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>ONE SOUTHEAST 3RD AVENUE.. 15TH FLOOR<br/>                 MIAMI FL 33131<br/>                 US</b> | Mailing Address<br><b>ONE SOUTHEAST 3RD AVENUE.. 15TH FLOOR<br/>                 MIAMI FL 33131<br/>                 US</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

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 **59-0970932**

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 \_\_\_\_\_  
 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>IANNUCCILLO, BRETT</b><br><b>5300 NW 33 AVE 204</b><br><b>FT. LAUDERDALE FL 33309</b>       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>NOLAN, GERARD MD</b><br><b>5300 NW 33 AVE 204</b><br><b>FT. LAUDERDALE FL 33309</b>        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>GARCIA, RAMON MD</b><br><b>5300 NW 33 AVE 204</b><br><b>FT. LAUDERDALE FL 33309</b>        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MENEGAKIS, ZACHARY</b><br><b>5300 NW 33RD AVE STE 204</b><br><b>FT. LAUDERDALE FL 33309</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FERRARI, ALFREDO</b><br><b>5300 NW 33 AVE 204</b><br><b>FT LAUDERDALE FL 33309</b>          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FENWICK, MARTIN MD</b><br><b>5300 NW 33 AVE 204</b><br><b>FT LAUDERDALE FL 33309</b>        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Zachary Menegakis **ZACHARY MENEGAKIS** 3/20/01 305 3798200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)