## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 600144** Entity Name ANESTHESIA PROFESSIONAL ASSOCIATION, INC. Principal Place of Business Mailing Address ONE SOUTHEAST 3RD AVENUE., 15TH FLOOR ONE SOUTHEAST 3RD AVENUE., 15TH FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

6. Name and Address of Current Registered Agent

BRINKLEY, MCNERNEY, MORGAN, SOLOMON

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

MCNERNEY, MICHAEL

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

D

CITY-ST-ZIP

200 E LAS OLAS, STE 1800 FT. LAUDERDALE FL 33301

9. This corporation is eligible to satisfy its Intangible

IANNUCCILLO, BRETT

5300 NW 33 AVE 204

NOLAN, GERARD MD

5300 NW 33 AVE 204

GARCIA, RAMON MD

5300 NW 33 AVE 204

MENEGAKIS, ZACHARY

FERRARI, ALFREDO

5300 NW 33 AVE 204

FENWICK, MARTIN MD

5300 NW 33 AVE 204

FT. LAUDERDALE FL 33309

FT. LAUDERDALE FL 33309

FT. LAUDERDALE FL 33309

5300 NW 33RD AVE STE 204

FT. LAUDERDALE FL 33309

FT LAUDERDALE FL 33309

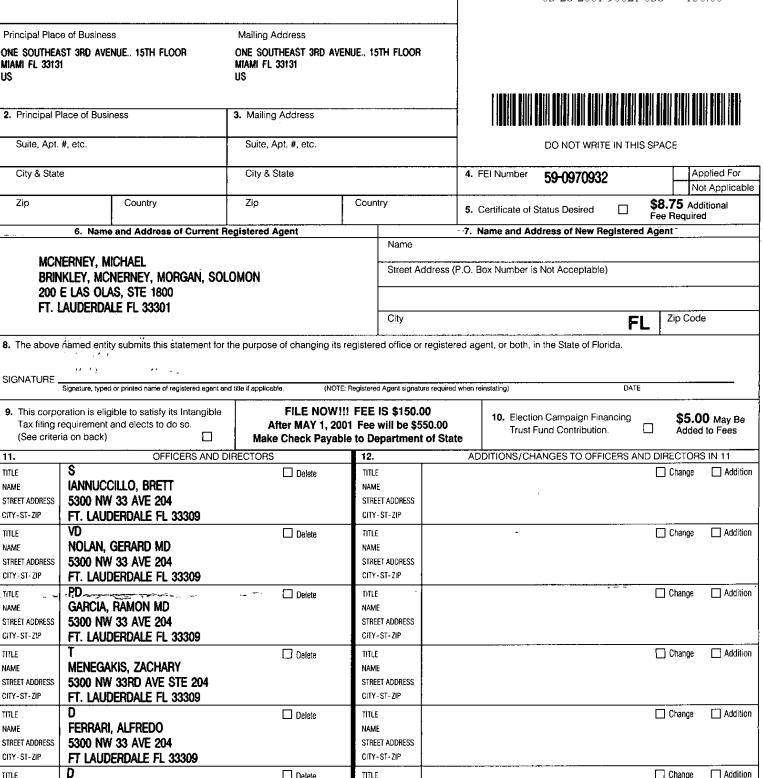
FT LAUDERDALE FL 33309

Tax filing requirement and elects to do so.

(See criteria on back)

## **FILED** Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90021 036 \*\*\*150.00



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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP TITLE

☐ Delete

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SIGNATURE:

ZACHARY MENEGALIJ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR