

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90088 037 ***150.00

DOCUMENT # 600144

1. 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**
US **US**

2. Principal Place of Business 3. Mailing Address
200 S. Biscayne Blvd **200 S. Biscayne Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Sixth Floor **Sixth Floor**

City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country
33131 **U.S.** **33131** **U.S.**

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

MCNERNEY, MICHAEL
BRINKLEY, MCNERNEY, MORGAN, SOLOMON
200 E LAS OLAS, STE 1800
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
200 East Las Olas Boulevard
Suite 1900
 City **Ft. Lauderdale** **FL** Zip Code **33301**

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 \$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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TREASURER
Menegakis, Zachary
c/o MICHAEL MCNERNEY
200 E LAS OLAS BLVD Suite 1800
FT LAUDERDALE FL 33301

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **ZACHARY MENEGAKIS TREASURER 1/31/02 522-2200** **(954)**
 Date Daytime Phone #

CR2E034 (9/01)