

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601793

1. Entity Name

ANESTHESIA ASSOCIATES, M.D., P.A.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90483 003 ***150.00

Principal Place of Business Mailing Address
567 AVENUE K S.E. 567 AVENUE K S.E.
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

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 59-1278346

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

LINGENFELTER, ALAN L.
567 AVENUE K S.E.
WINTER HAVEN FL 33880

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	SD	<input type="checkbox"/> Delete
NAME	DOMENIC V. OTTAIANO, M.D.	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NETTLOW, DONALD R JR	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINGENFELTER, ALAN L, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMON, MICHAEL J MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM P M	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRUM, JERRY B, MD	
STREET ADDRESS	567 AVENUE K S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George R. Villanueva MD	
STREET ADDRESS	567 Ave K SE	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo J. Lanza, MD	
STREET ADDRESS	567 Ave K SE	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 883 299-3745

CR2E034 (10/00)