

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694680

1. Entity Name

PROFESSIONAL ANESTHESIA ASSOCIATES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90032 016 \*\*\*150.00

Principal Place of Business

920 DELANEY AVE  
ORLANDO FL 32806  
US

Mailing Address

920 DELANEY AVE  
ORLANDO FL 32806-1246  
US

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

59-2102362

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

QUICK, BARBARA  
2975 SHINGLE CREEK CT  
KISSIMMEE FL 34746

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, 2000 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 DVS  
NAME LEE, DANISE  
STREET ADDRESS 5370 WHISPERING PINE CR.  
CITY-ST-ZIP ST. CLOUD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DPT  
NAME QUICK, BARBARA  
STREET ADDRESS 2975 SHINGLE CREEK CT.  
CITY-ST-ZIP KISSIMMEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CHAMBERLAIN, WILLIAM  
STREET ADDRESS 2004 PALM VISTA DRIVE  
CITY-ST-ZIP APOPKA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DERENSIS, CAROLINE  
STREET ADDRESS 10157 BRANDON CIRCLE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME TREMBLEY, CARMELA  
STREET ADDRESS 375 CYPRESS POINT DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ZIEBELL, SHERRY  
STREET ADDRESS 11034-A LOKANOTOSA TRAIL  
CITY-ST-ZIP ORLANDO FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*DANISE L. LEE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 407-648-5475

CR2E034 (9/99)