

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 005 ***150.00

DOCUMENT # 694680

1. Entity Name

PROFESSIONAL ANESTHESIA ASSOCIATES, INC.

Principal Place of Business

920 DELANEY AVE
 ORLANDO FL 32806
 US

Mailing Address

920 DELANEY AVE
 ORLANDO FL 32806
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

QUICK, BARBARA
2975 SHINGLE CREEK CT
KISSIMMEE FL 34746

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, 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	DVS	<input type="checkbox"/> Delete
NAME	LEE, DANISE	
STREET ADDRESS	5370 WHISPERING PINE CR.	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	QUICK, BARBARA	
STREET ADDRESS	2975 SHINGLE CREEK CT.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, WILLIAM	
STREET ADDRESS	2004 PALM VISTA DRIVE	
CITY-ST-ZIP	APOKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DERENSIS, CAROLINE	
STREET ADDRESS	10157 BRANDON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREMBLEY, CARMELA	
STREET ADDRESS	375 CYPRESS POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIEBELL, SHERRY	
STREET ADDRESS	11034-A LOKANOTOSA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32817	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A.H.	
STREET ADDRESS	1437 VICTORIA BLVD	
CITY-ST-ZIP	Rockledge FL 32955	
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		
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: *Barbara Quick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

407 8396213

Daytime Phone #

CR2E034 (9/01)