

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 694680

FILED
Jan 07, 2003
Secretary of State

Entity Name: PROFESSIONAL ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

920 DELANEY AVE
ORLANDO, FL 32806 US

Current Mailing Address:

920 DELANEY AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

3001 ALOMA AVE
SUITE 211
WINTER PARK, FL 32792 US

New Mailing Address:

P.O. BOX 421383
KISSIMMEE, FL 34742-138 US

FEI Number: 59-2102362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUICK, BARBARA
2975 SHINGLE CREEK CT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: LEE, DANISE,
Address: 5370 WHISPERING PINE CR.
City-St-Zip: ST. CLOUD, FL

Title: DPT () Delete
Name: QUICK, BARBARA,
Address: 2975 SHINGLE CREEK CT.
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: CHAMBERLAIN, WILLIAM
Address: 2004 PALM VISTA DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: PATT, ROBERT
Address: 1437 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: ZIEBELL, SHERRY
Address: 11034-A LOKANOTOSA TRAIL
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: CHAMBERLAIN, WILLIAM
Address: 2004 PALM VISTA DR
City-St-Zip: APOPKA, FL 32712 US

Title: DPT (X) Change () Addition
Name: QUICK, BARBARA
Address: 2975 SHINGLE CREEK CT.
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DS (X) Change () Addition
Name: PATT, ROBERT
Address: 1437 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA QUICK

DPT

01/07/2003

Electronic Signature of Signing Officer or Director

Date