

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83784

1. Entity Name

DAYTONA ANESTHESIOLOGY ASSOCIATES, P.A.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90039 031 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O ROBERT WILLIAMS, M.D. 311 N. CLYDE MORRIS #350 DAYTONA BEACH FL 32114	C/O ROBERT WILLIAMS, MD 311 N. CLYDE MORRIS, 350 DAYTONA BEACH FL 32114-2756 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2460151	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ROBERT, M.D. 311 N CLYDE MORRIS BLVD, #350 DAYTONA BEACH FL 32114	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] (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1-5-2000 Daytime Phone #: 404-255-1266

CR2E034 (9/99)