

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G83784**

1. Entity Name
DAYTONA ANESTHESIOLOGY ASSOCIATES, P.A.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90073 015 ***150.00

Principal Place of Business
**C/O ROBERT WILLIAMS, M.D.
311 N. CLYDE MORRIS #350
DAYTONA BEACH FL 32114**

Mailing Address
**C/O ROBERT WILLIAMS, MD
311 N. CLYDE MORRIS, 350
DAYTONA BEACH FL 32214
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2460151		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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 _____ (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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, ROSS MD 311 N CLYDE MORRIS #350 DAYTONA BCH FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPHAM, DIANE F. M.D. 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DAVID J., MD 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, RICHARD D., MD 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLINER, STUART J., MD 311 N CLYDE MORRIS, 350 DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, JUNE A M.D. 311 N CLYDE MORRIS, #350 DAYTONA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2001

Date

904 255-1246

Daytime Phone #

CR2E034 (10/00)