

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H67537

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF PASCO COUNTY, P.A.

Current Principal Place of Business:

6804 CORONET DR.
NEW PORT RICHEY, FL 346555597

New Principal Place of Business:

Current Mailing Address:

6804 CORONET DR.
NEW PORT RICHEY, FL 346555597

New Mailing Address:

FEI Number: 59-2570301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, VICTORIA
6804 CORONET DR.
NEW PORT RICHEY, FL 34655 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: PIKOS, DIANE
Address: 1235 NO FLORIDA AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: SWALLOWS, DIANE
Address: 1045 KINGSWAY DR
City-St-Zip: TARPON SPRINGS, FL 34289

Title: P () Delete
Name: COYNE, VICTORIA
Address: 6804 CORONET DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VICTORIA COYNE

PRES

01/11/2002

Electronic Signature of Signing Officer or Director

Date