

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90021 046 ***150.00

DOCUMENT # J21800

1. Entity Name

ANESTHESIA CARE TEAM, INC.

Principal Place of Business

**3309 SW 34TH CIR
 STE 101
 OCALA FL 34474**

Mailing Address

**PO BOX 39
 OCALA FL 32678**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2689712

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

**VELISETTI, RAVI K
 3309 SW 34TH CIR STE 101
 OCALA FL 34474**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 VELISETTI, RAVI
 1440 SW 3RD AVE
 OCALA FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPTD
 Peter Rodriguez
 1440 SW 3RD AVE
 OCALA FL** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPTD
 MACE JENNIE
 1440 SW 3RD AVE
 OCALA FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
 Date

Daytime Phone #

CR2E034 (9/01)