

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J37188

1. Entity Name

CHARLOTTE ANESTHESIA SERVICE, P.A.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90131 026 ***150.00

Principal Place of Business

Mailing Address

~~2525 HARBOR BLVD.~~

~~2525 HARBOR BLVD.~~

~~305~~

~~305~~

PORT CHARLOTTE FL 33952

PORT CHARLOTTE FL 33980-4214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1988 King Highway

City & State
Port Charlotte

Zip
33980

Country
USA

Suite, Apt. #, etc.

1988 King Highway

City & State
FL

Zip
33980

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2715847

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

MORALES, MICHAEL R.

~~2525 HARBOR BLVD.~~

~~#305~~

PORT CHARLOTTE FL 33952

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MORALES, MICHAEL R.	
STREET ADDRESS	2525 HARBOR BLVD #305	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ACOSTA, ADELARDO E.	
STREET ADDRESS	2525 HARBOR BLVD #305	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUIS K VALENTE, MD	
STREET ADDRESS	2525 HARBOR BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINOD, MALIK K MD	
STREET ADDRESS	2525 HARBOR BLVD #305	
CITY-ST-ZIP	PORT CHARLOTTE FL 33-9525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1988 King Highway	
STREET ADDRESS	33980	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1988 King Highway	
STREET ADDRESS	33980	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1988 King Highway	
STREET ADDRESS	33980	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1988 King Highway	
STREET ADDRESS	33980	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

941-627-0555

Daytime Phone #

CR2E034 (9/99)