

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90063 043 ***150.00

DOCUMENT # **J37188**

1. Entity Name

CHARLOTTE ANESTHESIA SERVICE, PA.

Principal Place of Business

Mailing Address

Charlotte Anesthesia Service

1988 Kings Hwy

Port Charlotte, FL 33980

2. Principal Place of Business

1988 Kings Hwy

Suite, Apt. #, etc.

3. Mailing Address

1988 Kings Hwy

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33980

Country

USA

Zip

33980

Country

USA

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

BONNIE ACOSTA

1988 Kings Hwy

Port Charlotte FL 33980

7. Name and Address of New Registered Agent

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

Bonnie Acosta

3-22-01

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, 2001 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

TITLE **Louis K. VAKETE, MD** ☐ Delete
NAME **Director**
STREET ADDRESS **1988 Kings Hwy**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE **Abelardo E. ACOSTA, MD** ☐ Delete
NAME **Co-Director**
STREET ADDRESS **1988 Kings Hwy**
CITY-ST-ZIP **Port Charlotte FL 33980**

TITLE **Michael R. Morales, MD** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/22/01
Date

941-627-9085
Daytime Phone #

CR2E034 (11/00)