

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90142 013 \*\*\*558.75

DOCUMENT # **J94767**

1. Entity Name

**Anesthesia Associates of  
Greater Tampa Bay, Inc.**



**DO NOT WRITE IN THIS SPACE**

**90134689**

2. Principal Place of Business

**18607 Avenue**

3. Mailing Address

**18607 Avenue**

Suite, Apt. #, etc.

**Monaco**

Suite, Apt. #, etc.

**Monaco**

City & State

**Lutz Florida**

City & State

**Lutz Florida**

4. FEI Number

**59-2887868**

Applied For

Not Applicable

Zip

**33558**

Country

**USA**

Zip

**33558**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Guillermo Leon**

Street Address (P.O. Box Number is Not Acceptable)

**18607 Avenue Monaco**

**Lutz**

City

**FL**

Zip Code

**33558**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Morgan John G  
5401 Taylor Rd  
Lutz, FL 33558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Leon Guillermo  
18607 Avenue Monaco  
Lutz FL 33558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Kellner, George  
4604 Scott Rd  
Lutz FL 33558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Guillermo Leon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-7-2003**

Date

Daytime Phone #

CR2E034B (12/02)