

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42856

1. Entity Name

MARION ANESTHESIA ASSOCIATES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90046 023 ***150.00

Principal Place of Business

1433 SW 1ST AVE
SUITE 1
OCALA FL 34474
US

Mailing Address

1433 SW 1ST AVE
SUITE 1
OCALA FL 34474-4252
US

706228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2916209

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CROSS, R. SCOTT
108 N MAGNOLIA AVE
SUITE 101
OCALA FL 34475

Name Richard Giovannelli

Street Address (P.O. Box Number is Not Acceptable)
6464 SW 21st Court RD

City Ocala

FL Zip Code 34474

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 Richard Giovannelli

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

(NOTE: Registered Agent signature required when reinstating)

01-18-00

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 ☐ Delete
NAME D
STREET ADDRESS TSAO, MING-JYI
CITY-ST-ZIP 1528 SW 1ST AVENUE
OCALA FL

TITLE ☐ Change ☐ Addition
NAME MARION ANESTHESIA ASSOC., INC.
STREET ADDRESS 200 S.W. 8th STREET, SUITE C
CITY-ST-ZIP OCALA, FL 34474
(352) 620-0070

TITLE ☐ Delete
NAME D
STREET ADDRESS COLE, TERRY
CITY-ST-ZIP 1528 SW 1ST AVENUE
OCALA FL

TITLE ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS NADELLA, SURESH
CITY-ST-ZIP 1528 SW 1ST AVENUE
OCALA FL

TITLE ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MALNASI, LESLIE
CITY-ST-ZIP 1528 SW 1ST AVENUE
OCALA FL

TITLE ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GIOVANNELLI, RICHARD
CITY-ST-ZIP 1528 SW 1ST AVENUE
OCALA FL

TITLE ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Richard Giovannelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-00 352-622-3468

Date

Daytime Phone #

CR2E034 (9/99)