

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54934

1. Entity Name

GULFCOAST ANESTHESIA SPECIALISTS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90102 043 ***150.00

Principal Place of Business

8026 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429
US

Mailing Address

8026 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429
US

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 59-2927033

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALLOWS, C.M.
8026 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: STR ☐ Delete
NAME: FALLOWS, JUDITH L
STREET ADDRESS: 8026 W GULF TO LAKE HWY
CITY-ST-ZIP: CRYSTAL RIVER FL

TITLE: ☐ Change ☒ Addition
NAME: V Angirekula, murali m.
STREET ADDRESS: 8026 W. Gulf to Lake Hwy.
CITY-ST-ZIP: Crystal River, FL 34429

TITLE: DP ☐ Delete
NAME: FALLOWS, C.M.
STREET ADDRESS: 8026 W GULF TO LAKE HWY
CITY-ST-ZIP: CRYSTAL RIVER FL

TITLE: ☐ Change ☒ Addition
NAME: V Hashim, mark N.
STREET ADDRESS: 8026 W. Gulf to Lake Hwy.
CITY-ST-ZIP: Crystal River, FL 34429

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith L. Fallos 1/15/01

Date

352-563-0908

Daytime Phone #

CR2E034 (10/00)