2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95697

1. Entity Name

WEST FLORIDA ANESTHESIA, P.A.

Principal Place of Business
WEST FLORIDA ANESTHESIA. P.A.
11377 CORTEZ BLVD.

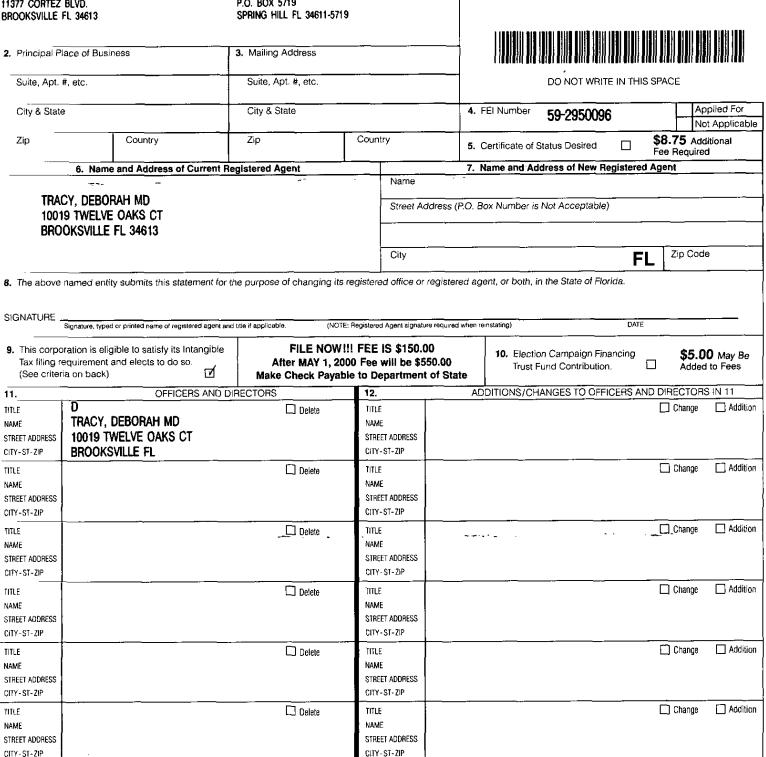
SIGNATURE: \(\)

Mailing Address

WEST FLORIDA ANESTHESIA. P.A. P.O. BOX 5719 SPRING HILL FL 34611-5719

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90010 005 ***150.00



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 of 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