

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90018 008 ***150.00

DOCUMENT # K95697

1. Entity Name

WEST FLORIDA ANESTHESIA, P.A.

Principal Place of Business

WEST FLORIDA ANESTHESIA, P.A.
11377 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

WEST FLORIDA ANESTHESIA, P.A.
P.O. BOX 5719
SPRING HILL FL 34606

2. Principal Place of Business

11323 Cortez Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Zip

34613

Country

Hernando

4. FEI Number

59-2950096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

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

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

Deborah H. Tracy, MD

(NOTE: Registered Agent Signature required when re-stating)

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, 2002 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 **D** ☐ Delete
NAME **TRACY, DEBORAH MD**
STREET ADDRESS **10019 TWELVE OAKS CT**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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

Deborah H. Tracy

4/18/02

352-597-0907

CR2E034 (9/01)