

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96920

1. Entity Name

PASCO ANESTHESIA ASSOCIATES, P.A.

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

02-24-2000 90027 032 ***150.00

Principal Place of Business

Mailing Address

13020 FORT KING RD., SUITE 101
DADE CITY FL 33525

P.O. BOX 1447
DADE CITY FL 33526-1447

2. Principal Place of Business

13020. Fort King Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

City & State

DADE CITY, FL

Zip 33525

PASCO

City

Country

4. FEI Number 59-2951882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Registered Agent

Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GUANIO, LINO P.M.D.
14242 WILLOW RUN
DADE CITY FL 33523

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, 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

TITLE DP
NAME GUANIO, LINO P.
STREET ADDRESS 14242 WILLOW RUN
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE DVP
NAME WILLEY, DAVID R
STREET ADDRESS 11956 JUSTAMERE LANE
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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

TITLE ☐ Change ☐ Addition
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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

2-10-2000

Date

Daytime Phone #

CR2E034 (9/99)