

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 044 \*\*\*558.75

**DOCUMENT # M70013**

1. Entity Name  
**ANESTHESIA CONSULTANTS, P.A.**

Principal Place of Business

**8660 COLLEGE PKWY**  
~~310~~  
**FT. MYER FL 33919**  
~~US~~

Mailing Address

**P.O. BOX 60185**  
**FT. MYERS FL 33906**  
**US**

2. Principal Place of Business

**13670 METROPOLIS AVE.**  
 Suite, Apt. #, etc.  
**102**

3. Mailing Address

**SAME AS ABOVE**  
 Suite, Apt. #, etc.

City & State

**FT. MYERS FL.**

City & State

**FT. MYERS FL.**

Zip

**33912**

Country

**USA.**

Zip

**33912**

Country

**USA.**

4. FEI Number

**65-0033402**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CANNATA, ROSETTA V., M.D.P.A.**  
**8660 COLLEGE PKWY**  
**STE 310**  
**FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

**13670 METROPOLIS AVE.**  
**# 102**

City

**FT. MYERS**

FL

Zip Code

**33912**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **CANNATA, DR. ROSETTA V.**  
 STREET ADDRESS **134 MARYS CHAPEL CT**  
 CITY-ST-ZIP **OSPREY FL**

TITLE **D** ☐ Delete  
 NAME **VODILA, EDWARD J.**  
 STREET ADDRESS **134 MARYS CHAPEL CT.**  
 CITY-ST-ZIP **OSPREY FL**

TITLE **V** ☒ Delete  
 NAME **DLUZENESKI, JOHN M**  
 STREET ADDRESS **1119 DEERDON DRIVE**  
 CITY-ST-ZIP **VENICE FL**

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  
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 STREET ADDRESS  
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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:

**EDWARD J. VODILA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-12-00**  
 Date

**941-225-0047**  
 Daytime Phone #