## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 10, 2002 8:00 am Secretary of State **DOCUMENT #** M70013 1. Entity Name 05-10-2002 90031 009 \*\*\*158.75 ANESTHESIA CONSULTANTS, P.A. Mailing Address Principal Place of Business P.O. BOX 67185 <del>-- 13670 MATROPOLIS-AVE - 1</del> FORT MYERS FL 33906 -102-FORT-MYERS FL-93912 US 3. Mailing Address 2. Principal Place of Business <u> 2721 Del Prado BLVD.</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 210 Applied For 4. FEI Number City & State City & State 65-0033402 Not Applicable Cape Coral FL. \$8.75 Additional Country Zip Country 5. Certificate of Status Desired $\chi \overline{\chi} \chi$ Fee Required 33904 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Cannata, Rosetta V.</u> CANNATA, ROSETTA V., M.D.P.A. Street Address (P.P. Box Number is Not Acceptable) 13670 MATROPOLIS AVE Suite #210 -102-<del>3</del>13994 City -FORT MYERS FL 33912 -Cape Coral ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sate 04/22/02 Rosetta V Cannata MD SIGNATUR (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 11. (9/01) Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME CANNATA, DR. ROSETTA V. CR2E034 STREET ADDRESS STREET ADDRESS 134 MARYS CHAPEL CT CITY-ST-ZIP CITY-ST-ZIP OSPREY FL Change ☐ Addition ☐ Delete TITLE NAME NAME vodila. Edward J. STREET ADDRESS STREET ADDRESS 134 MARYS CHAPEL CT. CITY-ST-ZIP CITY-ST-ZIP OSPREY FL ☐ Addition Change TITLE 🗻 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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 suppliemental 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 chapter or on an attention with an address with all other like expowered. .Edward J Vodila

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND SPECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 18 16 6 20 M

04/22/02

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