2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90031 009 ***158.75

DOCUMENT # M70013

1. Entity Name
ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
~~13670 MATROPOLIS AVE~~ ~~102~~ ~~FORT MYERS FL 33912~~ US	P.O. BOX 67185 FORT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2721 Del Prado BLVD.	
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.
City & State: Cape Coral FL.	City & State
Zip: 33904 Country: USA	Zip Country

4. FEI Number 65-0033402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXX ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANNATA, ROSETTA V., M.D.P.A. ~~13670 MATROPOLIS AVE~~ ~~102~~ ~~FORT MYERS FL 33912~~	Name: Cannata, Rosetta V, MD. Street Address (P.O. Box Number is Not Acceptable): 2721 Del Prado BLVD. Suite #210 City: Cape Coral FL Zip Code: 33904

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] Rosetta V Cannata MD 04/22/02
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CANNATA, DR. ROSETTA V. 134 MARYS CHAPEL CT OSPREY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VODILA, EDWARD J. 134 MARYS CHAPEL CT. OSPREY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] Edward J Vodila 04/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (941)458-1515

CR2E034 (9/01)