

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001871

1. Entity Name

BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.

Principal Place of Business

TAMPA GENERAL HOSPITAL. DEPT. OF ANESTH.  
ROOM G-208. DAVIS ISLANDS  
TAMPA FL 33606

Mailing Address

TAMPA GENERAL HOSPITAL. DEPT. OF ANESTH.  
ROOM G-208. DAVIS ISLANDS  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3391327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETT, CHARLES V III  
307 SOUTH FIELDING AVENUE  
TAMPA FL 33606

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOWNS, JOHN B M.D.  
CITY-ST-ZIP T.G.H., DEPT. OF ANESTH., ROOM G-208  
TAMPA FL 33606

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, PATRICIA  
CITY-ST-ZIP T.G.H., DEPT. OF ANESTH., ROOM G-208  
TAMPA FL 33606

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

TITLE ☒ Delete  
NAME P  
STREET ADDRESS KLEIN, MALCOLM MD  
CITY-ST-ZIP 94 BALTIC CIRCLE  
TAMPA FL 33606

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS FU, EUGENE  
CITY-ST-ZIP 12901 BRUCE B BROWN BLVD  
TAMPA FL 33612

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

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS SCHWEIGER, HANS MD  
CITY-ST-ZIP 12901 BRUCE B BROWN  
TAMPA FL 33612

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Downs, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

813-844-7082

Daytime Phone #

CR2E037 (10/00)

0002668

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90068 019 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE