

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90088 007 ****61.25

DOCUMENT # N96000001871

1. Entity Name

BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.

Principal Place of Business

Mailing Address

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

**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 reinstalling)

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

TITLE **ST** ☐ Change ☒ Addition
 NAME **3070 Roy MD**
 STREET ADDRESS **12901 Bruce B Downes Blvd, MDC 59**
 CITY-ST-ZIP **Tampa, FL 33612**

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

TITLE **P** ☐ Change ☒ Addition
 NAME **Erbaugh, Duane MD**
 STREET ADDRESS **10825 Bunn Highway**
 CITY-ST-ZIP **00132A, FL 33566**

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

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

TITLE **DET VP** ☐ Delete
 NAME **SCHWEIGER, HANS MD**
 STREET ADDRESS **12901 BRUCE B BROWN**
 CITY-ST-ZIP **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

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 DOWNES MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 813-844-7082
 Date Daytime Phone #

CR2E037 (9/01)