

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90174 013 \*\*\*\*61.25

**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**



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent:

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOWN, JOHN B M.D.</b> <b>T.G.H., DEPT. OF ANESTH., ROOM G-208</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, PATRICIA</b> <b>T.G.H., DEPT. OF ANESTH., ROOM G-208</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SOTO, ROY MD</b> <b>12901 BRUCE B DOWNS BLVD, MDC 59</b> <b>TAMPA FL 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>SCHWEIGER, HANS MD</b> <b>12901 BRUCE B BROWN</b> <b>TAMPA FL 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ERBAUGH, DUANE MD</b> <b>18825 GUNN HIGHWAY</b> <b>ODESSA FL 33556</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Zelda Musson, MD</b> <b>94 Baltic Circle, Tampa, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR25037 (10/02)

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: *[Signature]*

3/14/03 913 914 0370