

2001 UNIFORM BUSINESS REPORT (UBR)

1/29

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-29-2001 90037 002 ***150.00

DOCUMENT # P00000002359

1. Entity Name

ANESTHESIOLOGY & PAIN MANAGEMENT OF EAST PASCO,

Principal Place of Business

38145 FIFTH AVE.
ZEPHYRHILLS FL 33541

Mailing Address

38145 FIFTH AVE.
ZEPHYRHILLS FL 33541

2. Principal Place of Business

7050 Gail Blvd
Suite, Apt. #, etc.

3. Mailing Address

7050 Gail Blvd
Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

Zephyrhills FL

Zip

33541

Country

USA

Zip

33541

Country

USA

4. FEI Number

59-8616019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

18 Jun 01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, VINCENT M.D.	
STREET ADDRESS	5642 MARIE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, BENJAMIN M.D.	
STREET ADDRESS	8826 23RD STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, RUSSELL M.D.	
STREET ADDRESS	2082 ILLINOIS AVENUE NORTHEAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell L Norris

18 Jun 01

Date

8137807246

Daytime Phone #

CR2E034 (10/00)