

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90063 024 ***550.00

DOCUMENT # P00000002359

1. Entity Name

**ANESTHESIOLOGY & PAIN MANAGEMENT OF EAST PASCO,
P.A.**

Principal Place of Business

**7050 GALL BLVD
ZEPHYRHILLS FL 33541**

Mailing Address

**7050 GALL BLVD
ZEPHYRHILLS FL 33541**

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

59-3616019

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****NORRIS, RUSSELL L
7050 GALL BLVD.
ZEPHYRHILLS FL 33541****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

**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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME GARCIA, VINCENT M.D.
STREET ADDRESS 5642 MARIE DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33541**TITLE D** ☐ Delete
NAME CONTRERAS, BENJAMIN M.D.
STREET ADDRESS 8826 23RD STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540**TITLE D** ☐ Delete
NAME NORRIS, RUSSELL M.D.
STREET ADDRESS 2082 ILLINOIS AVENUE NORTHEAST
CITY-ST-ZIP ST. PETERSBURG FL 33703**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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, or an other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)