

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000021554

FILED
Apr 14, 2002 8:00 AM
Secretary of State

Entity Name: TAMPA BAY ANESTHESIA INC

Current Principal Place of Business:

14503 BRUCE B DOWNS
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

PO BOX 46518
TAMPA, FL 33647

New Mailing Address:

FEI Number: 65-0980700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHOWDHARI, SHAUKAT
5818 NEAL DR
TAMPA, FL 33617

Name and Address of New Registered Agent:

O'CONNOR, PATRICK M ESQ
2240 BELLAIR ROAD
SUITE 160
CLEARWATER, FL 33764

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: PATRICK M. O'CONNOR, ESQ

04/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHOWDHARI, SHAUKAT
Address: 5818 NEAL DRIVE
City-St-Zip: TAMPA, FL 33617

Title: VP (X) Delete
Name: CHOWDHARI, ANTONINA
Address: 5818 NEAL DR
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHOWDHARI, SHAUKAT
Address: PO BOX 46518
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUKAT, H. CHOWDHARI

PD

04/14/2002

Electronic Signature of Signing Officer or Director

Date