

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91549 040 ***550.00

0413599

DOCUMENT # P00000052972

1. Entity Name

SPARTAN ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

**8809 HAVENRIDGE ROAD
 SARASOTA FL 34238**

Mailing Address

**8809 HAVENRIDGE ROAD
 SARASOTA FL 34238**

C0068261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BETTERTON, GREG A ESQ
 981 RIDGEWOOD AVE, STE 101
 VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **CATHERINE L. Astronskas**
 Street Address (P.O. Box Numbers Not Acceptable) **5900 S. TAMiami TRAIL**
SUITE I
 City **Sarasota** FL **34231**

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

Catherine L. Astronskas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-01

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 NAME STREET ADDRESS CITY-ST-ZIP	DIP/ST SIWEK, DONALD J MD 8809 HAVENRIDGE ROAD SARASOTA FL 34238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: ☒

Donald J Siwek MD
Donald J Siwek MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/01

CR2E034 (10/00)