

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-29-2003 90094 050 \*\*\*550.00  
P00000093572

DOCUMENT # P00000093572

1. Entity Name  
**CARDIOVASCULAR ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, P.A.**



03 SEP -5 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1511 SW 1ST AVE  
OCALA FL 34474

Mailing Address  
1511 SW 1ST AVE  
OCALA FL 34474



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 **59-3674775**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTIE, PAUL G**  
1511 SW 1ST AVE  
OCALA FL 34474

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 fee if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

*Report filed 2/21/03*  
*No funds*

9. Election Campaign Financing  
Trust-Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D ROBERTIE, PAUL G**  
1511 SW 1ST AVE  
OCALA FL 34474

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D PALMIRE, VINCENT C JR**  
1511 SW 1ST AVE  
OCALA FL 34474

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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11. 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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CITY-ST-ZIP  
☐ Change ☐ Addition

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 607, 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: *Paul*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-21-03 352-867-834

Date

Daytime Phone