

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114545

1. Entity Name

WESTSHORE ANESTHESIA & PAIN MANAGEMENT, P.A.

FILED

Mar 07, 2001 8:00 am  
Secretary of State

03-07-2001 90628 007 \*\*\*150.00

Principal Place of Business

Mailing Address

17316 FOSGATE RD  
MONTVERDE FL 34756

17316 FOSGATE RD  
MONTVERDE FL 34756

2. Principal Place of Business

731 E. Hwy #50

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

4. FEI Number

59-3688143

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

Country

5. Certificate of Status Desired

NO

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILBRIDE, MICHAEL J  
17316 FOSGATE RD  
MONTVERDE FL 34756

Name

N/A

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

*M.J. Kilbride*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-01

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.

NO

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
KILBRIDE, MICHAEL J  
17316 FOSGATE RD  
MONTVERDE FL 34756

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KILBRIDE, BARBARA J  
17316 FOSGATE RD  
MONTVERDE FL 34756

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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:

*M.J. Kilbride* M.J. Kilbride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

352  
292-2855  
3

Daytime Phone #

CR2E034 (10/00)