

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 041 ***150.00

DOCUMENT # **001000073363**

1. Entity Name

Twilight Anesthesia, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17812 Hickory Moss PL
Suite, Apt. #, etc.

3. Mailing Address

17812 Hickory Moss PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number

03-0431469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Denise Jacobs*

Street Address (P.O. Box Number is Not Acceptable)

17812 Hickory Moss PL

City *Tampa*

FL

Zip Code
33647

**DO NOT WRITE
IN THIS SPACE**

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

Denise Jacobs - President

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back.) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President Denise Jacobs 17812 Hickory Moss PL Tampa, FL 33647</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary Denise Jacobs 17812 Hickory Moss PL Tampa, FL 33647</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer Denise Jacobs 17812 Hickory Moss PL Tampa, FL 33647</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise D'Agaro Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

(813) 991-4440

Daytime Phone #

Denise D'Agaro Jacobs

CR2E034B (12/01)