

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91554 046 ***150.00

DOCUMENT # P01000074622

1. Entity Name

MILLENNIUM ANESTHESIA CARE, P.A.

Principal Place of Business

**2822 WEST VIRGINIA AVENUE
TAMPA FL 33607**

Mailing Address

**2822 WEST VIRGINIA AVENUE
TAMPA FL 33607**

2. Principal Place of Business

2700 W DR MLK BLVD

3. Mailing Address

PO BOX 151687

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33684

Country

USA

4. FEI Number

59-3734258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBRE, DON-B ESQ.

101 EAST KENNEDY BLVD., SUITE 2700

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

ALAN GASSMAN Esquire

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

1245 COURT STREET

Suite 102

City

Clearwater, FL 33756 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

PRESIDENT

4-16-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ALAN NASTIK MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Mukesh Patel MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michael Johnson MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	BOARD MEMBER	<input type="checkbox"/> Delete
NAME	NORMAN FREEMAN MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	BOARD MEMBER	<input type="checkbox"/> Delete
NAME	THOMAS MORONEY MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	BOARD MEMBER	<input type="checkbox"/> Delete
NAME	RAYMOND BLUZZI MD	
STREET ADDRESS	2700 W DR MLK BLVD #460	
CITY-ST-ZIP	Tampa, FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

PRESIDENT

4-16-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)