

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90032 018 ***150.00

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1. Entity Name
MILLENNIUM ANESTHESIA CARE, P.A.



Principal Place of Business
2700 W. DR. MLK BLVD
SUITE 460
TAMPA, FL 33607

Mailing Address
2700 W. DR MLK BLVD.
SUITE 460
TAMPA, FL 33607

54015333



2. Principal Place of Business

3. Mailing Address

01072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3734258

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN ESQ
1245 COURT STREET
SUITE 102
CLEARWATER, FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NASTIR, ALAN MD
STREET ADDRESS 2700 W DR. MLK BLVD #460
CITY-ST-ZIP TAMPA, FL 33607

TITLE S ☐ Delete
NAME PATEL, MUKESH MD
STREET ADDRESS 2700 W DR. MLK BLVD #460
CITY-ST-ZIP TAMPA, FL 33607

TITLE T ☒ Delete
NAME JOHNSON, MICHAEL MD
STREET ADDRESS 2700 W DR. MLK BLVD #460
CITY-ST-ZIP TAMPA, FL 33607

TITLE BM ☒ Delete
NAME FREEMAN, NORMAN MD
STREET ADDRESS 2700 W DR. MLK BLVD #460
CITY-ST-ZIP TAMPA, FL 33607

TITLE BM ☐ Delete
NAME MORONEY, THOMAS MD
STREET ADDRESS 2700 W DR. MLK BLVD #460
CITY-ST-ZIP TAMPA, FL 33607

TITLE BM ☒ Delete
NAME CAMULIUS, JOHN PULLE
STREET ADDRESS 4518 CULBREATH AVE.
CITY-ST-ZIP TAMPA, FL 33609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BOARD Member ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DIAZ, Antonio MD Secretary ☐ Change ☒ Addition
NAME
STREET ADDRESS 2700 W DR MLK BLVD Suite 460
CITY-ST-ZIP Tampa, FL 33607

TITLE BOARD Member ☐ Change ☒ Addition
NAME GRUBER, James MD
STREET ADDRESS 2700 W DR MLK BLVD Suite 460
CITY-ST-ZIP Tampa, FL 33607

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

TITLE BOARD Member ☐ Change ☒ Addition
NAME Kambam, Jayakumar MA
STREET ADDRESS 2700 W DR MLK BLVD Suite 460
CITY-ST-ZIP Tampa, FL 33607

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mukesh Patel, MD 3/5/04 (813) 871-1325