

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90144 021 ***150.00

DOCUMENT # P01000074622

1. Entity Name

MILLENNIUM ANESTHESIA CARE, P.A.



Principal Place of Business

2700 W. DR. MLK BLVD

SUITE 460

TAMPA FL 33607

Mailing Address

P.O. BOX 131687

TAMPA FL 33684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2700 W DR MLK BLVD

Suite 460

Tampa FL

33607

USA



☒ CHECK HERE IF MAKING CHANGES

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

GASSMAN, ALAN ESQ

1245 COURT STREET

SUITE 102

CLEARWATER FL

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NASTIR, ALAN MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, MUKESH MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	BM	<input type="checkbox"/> Delete
NAME	FREEMAN, NORMAN MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MORONEY, THOMAS MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	BAUZYS, RAYMOND MD	
STREET ADDRESS	2700 W DR. MLK BLVD #460	
CITY-ST-ZIP	TAMPA FL 33607	

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	Boards Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnpaul, Camillus	
STREET ADDRESS	4518 Culbreath Ave	
CITY-ST-ZIP	Tampa, FL 33609	

CR2E034 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 (813) 871-1325

Date

Daytime Phone #