2002 Uniform Business Report (UBR)

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Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P01000082331 1. Entity Name 03-27-2002 90063 049 ***150.00 LAKE COUNTY ANESTHESIA ASSOCIATES, P.A. Principal Place of Business Mailing Address 4 S.E. BROADWAY 4 S.E. BROADWAY OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-37-39273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired چ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADEL, GARRY D Street Address (P.O. Box Number is Not Acceptable) 4 S.E. BROADWAY OCALA FL 34471 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME GIOVANELLI, RICHARD NAME STREET ADDRESS 6464 SW 21 COURT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Delete TITLE Change ☐ Addition NAME COLE, TERRY L NAME STREET ADDRESS 1519 S.E. 24 AVE STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ` Addition NAME TSAO, MING-JYI NAME STREET ADDRESS 3436 SW 58 STREET STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MALNASI, LESLIE NAME STREET ADDRESS 4160 S.W. 20 AVE STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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