


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90537 045 ***150.00

DOCUMENT # P01000082331

1. Entity Name
LAKE COUNTY ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business
**4 S.E. BROADWAY
OCALA FL 34471**

Mailing Address
**4 S.E. BROADWAY
OCALA FL 34471**



2. Principal Place of Business
114-B East Dixie Avenue
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 491529
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Leesburg, Florida

City & State
Leesburg, Florida

Zip Country
34748 Lake

Zip Country
34749-1529 Lake

4. FEI Number **59-3739273**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADEL, GARRY D
4 S.E. BROADWAY
OCALA FL 34471

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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	GIOVANELLI, RICHARD
STREET ADDRESS	6484 SW 21 COURT ROAD
CITY-ST-ZIP	OCALA FL 34474
TITLE	D <input type="checkbox"/> Delete
NAME	COLE, TERRY L
STREET ADDRESS	1519 S.E. 24 AVE
CITY-ST-ZIP	OCALA FL 34471
TITLE	D <input type="checkbox"/> Delete
NAME	TSAO, MING-JYI
STREET ADDRESS	3436 SW 58 STREET
CITY-ST-ZIP	OCALA FL 34474
TITLE	D <input type="checkbox"/> Delete
NAME	MALNASI, LESLIE
STREET ADDRESS	4160 S.W. 20 AVE
CITY-ST-ZIP	OCALA FL 34474
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/S/D <input checked="" 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	

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: *Terry L. Cole* **SIGNATURE REQUIRED** Terry L. Cole **1-27-03** **352-315-9005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)