

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90110 035 ***550.00

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DOCUMENT # P01000087280

1. Entity Name
OCALA REGIONAL MEDICAL CENTER ANESTHESIA, INC.



Principal Place of Business
1431 S W 1ST AVENUE
OCALA FL 34474

Mailing Address
1431 S W 1ST AVENUE
OCALA FL 34474



2. Principal Place of Business

3. Mailing Address

P.O. Box 1626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Ocala FL

4. FEI Number 65-1137820

Applied For

Not Applicable

Zip

Country

Zip

34478

Country

USA

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

STILES, WILLIAM
3019 S W 27TH AVENUE
OCALA FL 34474

Name

GARY L Scott

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

2300 SE 17th Street

Suite 1100

City

Ocala

FL

Zip Code

34471

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 *Gary L Scott*

8-8-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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 PVST
NAME PYLES, STEPHEN T
STREET ADDRESS 3019 SW 27TH AVE SUITE 202 2300 SE 17th St
CITY-ST-ZIP Ocala FL 34474 Suite 1100

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

TITLE D
NAME PYLES, STEPHEN T
STREET ADDRESS 3019 SW 27TH AVE SUITE 202 2300 SE 17th St
CITY-ST-ZIP Ocala FL 34474 Suite 1100

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 *[Signature]*

8/8/03

Date

Daytime Phone #

CR2E034 (4/03)