

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90245 005 \*\*\*150.00

**DOCUMENT # P01000110059**

1. Entity Name  
**ANESTHESIA BUSINESS SOLUTIONS, INC.**

Principal Place of Business

7149 TRYSAIL CIR.  
 TAMPA FL 33807

Mailing Address

7149 TRYSAIL CIR.  
 TAMPA FL 33807

2. Principal Place of Business

**5020 W. Cypress St.**

Suite, Apt. #, etc.

**212**

City & State

**Tampa FL**

Zip  
**33607**

Country  
**U.S.**

3. Mailing Address

**5020 W. Cypress St.**

Suite, Apt. #, etc.

**212**

City & State

**Tampa FL**

Zip  
**33607**

Country  
**U.S.**

4. FEI Number

**59-3758437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT E**

**5020 W. CYPRESS ST., STE. 200**

**TAMPA FL 33607**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KATZ, CAROL</b><br><b>7149 TRYSAIL CIR.</b><br><b>TAMPA FL 33807</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOLLINGSWORTH, J.A.</b><br><b>7149 TRYSAIL CIR.</b><br><b>TAMPA FL 33807</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LANDRY, ROBERTA T</b><br><b>7149 TRYSAIL CIR.</b><br><b>TAMPA FL 33807</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5020 W. Cypress St.</b><br><b>Tampa FL 33607</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5020 W. Cypress St.</b><br><b>Tampa FL 33607</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/02** **813-287-5718**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # 01000110059

B0128846

ANESTHESIA BUSINESS SOLUTIONS

5020 W. Cypress Street, Suite 212

Tampa, FL 33607

813-287-5718


July 3, 2002

Dear Sir/Madam:

I am writing this letter to have the late fee assessed for Anesthesia Business Solutions waived. This notice is the first one we have received from the Florida Department of State.

Thank you for your cooperation in this matter.

Sincerely,

  
Carol Katz  
CFO