


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90156 040 ***150.00

DOCUMENT # P02000048577

1. Entity Name
ANESTHESIA AND PAIN PHYSICIANS OF FLORIDA, P.A.



Principal Place of Business
C/O MIKE SEGAL, P.A. BROAD AND CASSEL
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33133

Mailing Address
C/O MIKE SEGAL, P.A. BROAD AND CASSEL
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33133



2. Principal Place of Business
601 Manatee Avenue West
Suite, Apt. #, etc.
Suite A
City & State
Bradenton, FL
Zip
34205
Country
USA

3. Mailing Address
601 Manatee Avenue West
Suite, Apt. #, etc.
Suite A
City & State
Bradenton, FL
Zip
34205
Country
USA

☒ CHECK HERE IF MAKING CHANGES

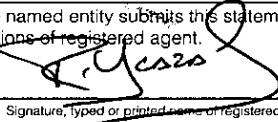
4. FEI Number 43-1962888 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name Roberto Ycaza
Street Address (P.O. Box Number is Not Acceptable)
601 Manatee Avenue West
Suite A
City Bradenton FL Zip Code 34205

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  (Roberto Ycaza) DATE 2-12-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roberto Ycaza 601 Manatee Avenue West - Ste. A Bradenton, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-12-03 DAYTIME PHONE # 94-745-2727

CR2E034 (10/02)