

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-08-2003 90151 045 ***150.00

DOCUMENT # P02000065314

1. Entity Name

ST. AUGUSTINE ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business

PO BOX 860216

ST. AUGUSTINE FL 32086-0216

Mailing Address

PO BOX 860216

ST. AUGUSTINE FL 32086-0216

2. Principal Place of Business

FLAGLER Hospital

3. Mailing Address

Suite, Apt. #, etc.

400 Health Park BLVD

Suite, Apt. #, etc.

City & State

ST. Augustine, FL

City & State

Zip

32086

Country

USA

Zip

Country

4. FEI Number

04-369 1995

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY PA
225 WATER STREET STE 1800
JACKSONVILLE FL 32202

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - P PAUL J. LINEBERRY 8602 HUNTER CIRCLE NW S. JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - S Ralph B. Boggs 8257 ASHWORTH CT. JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J. Lineberry, President 1/07/03
904-363-0319

CR2E034 (10/02)