

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014142

1. Entity Name

ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90073 018 \*\*\*150.00

Principal Place of Business

Mailing Address

ST ANTHONY'S HOSPITAL  
1200 7TH AVE N  
ST. PETERSBURG FL 33705  
US

PO BOX 22186  
ST. PETERSBURG FL 33742-2186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3152125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LONG, WILLIAM G JR  
3839 4TH STR NO  
STE 430  
ST. PETERSBURG FL 33703

Name JAMES D. MURPHY JR.  
Street Address (P.O. Box Number is Not Acceptable) 3917 SWAPPER POINT DRIVE  
City TAMPA FL 33611-1030

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.

SIGNATURE

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

JAMES D. MURPHY JR.

2/14/00

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME O'NEILL, JAMES F JR.  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Change ☒ Addition  
NAME MURPHY, Jr. JAMES D.  
STREET ADDRESS 1200 7TH AVE N.  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE D ☒ Delete  
NAME BROWN, WILLIAM J  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Change ☒ Addition  
NAME CONROY, THOMAS  
STREET ADDRESS 1200 7TH AVE N.  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE D ☐ Delete  
NAME BROWN, FREDERICK O  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Change ☒ Addition  
NAME KNOX, PAUL  
STREET ADDRESS 1200 7TH AVE N.  
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE D ☐ Delete  
NAME LONG, WILLIAM G JR.  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE D ☐ Delete  
NAME VALENTINE, DWIGHT D  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE D ☒ Delete  
NAME NORRIS RUSSELL L  
STREET ADDRESS 1200 7TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33705

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. MURPHY, Jr. MD.

MARCH 17, 2000

Date

Daytime Phone #

(813) 837-1839

CR2E034 (9/99)