

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90024 046 \*\*\*150.00

**DOCUMENT # P92000014142**

1. Entity Name

**ANESTHESIA CONSULTANTS OF ST. PETERSBURG, P.A.**

Principal Place of Business

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

Mailing Address

PO BOX 22186  
 ST. PETERSBURG FL 33742-2186  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**1200 7<sup>th</sup> Avenue N.**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

Zip

**33705**

Country

**USA**

4. FEI Number

**59-3152125**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, JAMES D**  
**3917 SNAPPER POINT DRIVE**  
**TAMPA FL 33611**

7. Name and Address of New Registered Agent

**Dwight Valentine, MD**  
**354 4<sup>th</sup> Avenue**

**Tierra Verde, FL 33715**

8. The above named entity submits this statement for the purpose of changing its registered

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/01**

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, 2001 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

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

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

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

TITLE **D** ☐ Delete  
 NAME **MURPHY, JAMES D**  
 STREET ADDRESS **1200 7TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/T** ☐ Change ☒ Addition  
 NAME **PAUL J. Knox, MD**  
 STREET ADDRESS **1200 7<sup>th</sup> Avenue N.**  
 CITY-ST-ZIP **St. Petersburg, FL 33705**

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

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

TITLE **D/C** ☒ Change ☐ Addition  
 NAME **Long, William G. Jr**  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D/P** ☒ Change ☐ Addition  
 NAME **Valentine, Dwight D.**  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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 an other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/01** (727) **825-1021**

CR2E034 (10/00)