

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000045302**

1. Entity Name

**SPENCER ANESTHESIA SERVICES, P.A.****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90036 045 \*\*\*150.00

Principal Place of Business

Mailing Address

402 WELLINGTON CT  
VENICE FL 34292  
US402 WELLINGTON CT  
VENICE FL 34292-3157  
US

2. Principal Place of Business

3. Mailing Address

402 Wellington Ct

402 Wellington Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Venice, FL

Venice, FL

4. FEI Number

65-0420503

Applied For

Not Applied

Zip

Country

Zip

Country

34292

USA

34292

USA

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

SPENCER, SHARON L  
402 WELLINGTON CT  
VENICE FL 34292

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.

SIGNATURE

*Sharon L. Spencer Pres. CEO*

1-30-2000

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

(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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPCE  
SPENCER, SHARON  
402 WELLINGTON CT  
VENICE FL 34292☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AddTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Add

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 employment.

SIGNATURE:

*Sharon L. Spencer Pres. CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(SHARON L SPENCER 1-30-2000 (941) 496-919