

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-21-2002 90125 002 ***150.00

DOCUMENT # P93000065562

1. Entity Name

ALACHUA ANESTHESIOLOGISTS, INC.

Principal Place of Business

801 SW 2ND AVENUE
GAINESVILLE FL 32601

Mailing Address

4131 NW 13TH ST
SUITE 101
GAINESVILLE FL 32609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201617

Applied For

Not Applicable

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

ZANDER, ERIK M801 SW 2ND AVENUE
GAINESVILLE FL 32601

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZANDER, ERIK M MD	
STREET ADDRESS	801 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	X Vice President	<input type="checkbox"/> Delete
NAME	MULTAK, ALEXANDER MD	
STREET ADDRESS	801 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	O'LAUGHLIN, MICHAEL MD	
STREET ADDRESS	801 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	X Treasurer	<input type="checkbox"/> Delete
NAME	ROVERE, LOUIS MD	
STREET ADDRESS	801 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Dominick DiRico, MD	
STREET ADDRESS	801 SW 2nd Ave	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Gregory Townsend, MD	
STREET ADDRESS	801 SW 2nd Ave	
CITY-ST-ZIP	Gainesville, FL 32601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrey Nowicki, MD	
STREET ADDRESS	801 SW 2nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sadi Abusur	
STREET ADDRESS	801 SW 2nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)