

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91594 014 ***150.00

DOCUMENT # **P 94000017088**

1. Entity Name

ANESTHESIA & ANALGESIA ASSOCIATES,

Principal Place of Business

**1130 PONCE DE LEON BLVD
 CLEARWATER, FL 33756**

Mailing Address

**PO BOX 340
 INDIAN ROCKS BEACH, FL
 33785**

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

59-3228796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

552287

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEPHEN P. DANESI
 713 HIDDEN HARBOR DR.
 INDIAN ROCKS BEACH, FL 33785**

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.

SIGNATURE **STEPHEN P. DANESI**

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

Stephen P. Danesi

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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, 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

**PST D
 ESCOFF BOBBY L., D.O.
 713 HIDDEN HARBOR DR.
 INDIAN ROCKS BEACH, FL 33785**

☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

BOBBY L. ESCOFF

Date

Daytime Phone #

CR2E034 (11/00)