

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91143 020 ***150.00

DOCUMENT # P94000017088

1. Entity Name
ANESTHESIA & ANALGESIA ASSOCIATES, P.A.

Principal Place of Business
1130 PONCE DE LEON BLVD.
CLEARWATER FL 33756
US

Mailing Address
P.O. BOX 340
INDIAN ROCKS BEACH FL 33785
US



2. Principal Place of Business

3. Mailing Address
11000 6TH STREET EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
TRISURIE ISLAND, FL

4. FEI Number **59-3228736**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33706

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

STEPHEN P. DANESE
743 HIDDEN HARBOUR DR.
INDIAN ROCKS BEACH FL 33785

Name

Street Address (P.O. Box Number is Not Acceptable)
11000 6TH STREET EAST

City **TRISURIE ISLAND FL** Zip Code **33706**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

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 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-ZIP
PSTD
ESCOE, BOBBY L. DO
713 HIDDEN HARBOR DRIVE
INDIAN ROCKS BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
11000 6TH STREET EAST
TRISURIE ISLAND, FL 33706

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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 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. Escoe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 360-6322

CR2E034 (9/01)