

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041606

1. Entity Name
PELICAN ANESTHESIA, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90012 040 ***150.00

Principal Place of Business
12995 SOUTH-CLEVELAND AVENUE STE. 234
FORT MYERS FL 33907

Mailing Address
12995 SOUTH-CLEVELAND AVENUE STE. 234
#233
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6171 Mid Melrose
Suite, Apt. #, etc.
UNIT 2
City & State
Ft Myers FL
Zip
33912
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State
Zip
Country

4. FEI Number 65-0491008 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DIGBY, EMILIE V
12995 SOUTH CLEVELAND AVENUE STE. 234
FORT MYERS FL 33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Emilie V Digby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGBY, EMILIE V		NAME	5463 Harbor Castle Dr	
STREET ADDRESS	12995 SOUTH CLEVELAND AVENUE STE. 234		STREET ADDRESS	Ft Myers, FL 33907	
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.

SIGNATURE: Digby 1-29-01 9412289955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)