

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068104

1. Entity Name

HILLSBOROUGH ANESTHESIA ASSOCIATES, P.A.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90019 005 ***150.00

Principal Place of Business

Mailing Address

5013 N ARMENIA AVE
TAMPA FL 33603

730 S STERLING
302
TAMPA FL 33609-4542
US

004000

2. Principal Place of Business

3. Mailing Address

3100 E. Fletcher Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

Zip

Country

4. FEI Number

59-3332632

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

SWARTZ, GARY JD
DEPT OF ANESTHESIOLOGY
3100 E. FLETCHER AVENUE
TAMPA FL 33613

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, 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 D ☐ Delete
NAME HOWELL, FRANKLIN L
STREET ADDRESS 3100 E FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☒ Delete
NAME SILVER, RICHARD B
STREET ADDRESS 3100 E. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME WARREN, JOHN R
STREET ADDRESS 3100 E. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME WEISSMAN, STEVEN L
STREET ADDRESS 3100 E. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME LONG, FRANK
STREET ADDRESS 3100 E. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME LONGBOTTOM, WARD
STREET ADDRESS 3100 E. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

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

TITLE Pres ☐ Change ☒ Addition
NAME Greenberger, Robert
STREET ADDRESS 3100 E Fletcher Ave
CITY-ST-ZIP Tampa, FL 33613

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

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Sec/Treas ☒ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

813 979 7914

CR2E034 9/99