

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90481 030 ***150.00

DOCUMENT # P95000068104

1. Entity Name
HILLSBOROUGH ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business
3100 E FLETCHER AVE
TAMPA FL 33613

Mailing Address
730 S STERLING
302
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address
P.O. Box 320526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

4. FEI Number **59-3332632**

Applied For

Not Applicable

Zip

Country

Zip
33619-2526

Country

USA

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
GREENBERGER, ROBERT
3100 E. FLETCHER AVE.
TAMPA FL 33613 ☐ Delete

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

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S/T
David Varlotta
3100 E Fletcher Ave
Tampa, FL 33613 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
Longbottom, Ward
3100 E. FLETCHER AVE.
TAMPA FL 33613 ☐ Delete

TITLE
 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:

Steven Weissman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

813 615-7919
 Daytime Phone #

CR2E034 (10/00)