


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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8/31

FILED
Sep 23, 2004 8:00 am
Secretary of State

08-30-2004 90001 017 ***150.00
01-15-2004 90011 015 ***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 500 N. WESTSHORE BLVD. SUITE 940 TAMPA, FL 33609 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3332632	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEISSMAN, STEVEN 500 N. WESTSHORE BLVD. SUITE 940 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name: <u>WEISSMAN, STEVEN</u> Street Address (P.O. Box Number is Not Acceptable) City: <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>Steven Weissman</u> <u>8/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBERGER, ROBERT 3100 E. FLETCHER AVE. TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, JOHN R 3100 E. FLETCHER AVE. TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISSMAN, STEVEN L 3100 E. FLETCHER AVE. TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VARLOTTA, DAVID 3100 E. FLETCHER AVE. TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONGBOTTOM, WARD 3100 E. FLETCHER AVE. TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>9/17/04</u> <u>813/615-7914</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66433999



08242004 Chg-P CR2E034 (10/03)

we



Attachment
00433999

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 2, 2004

HILLSBOROUGH ANESTHESIA ASSOCIATES, P.A.
500 N. WESTSHORE BLVD.
SUITE 940
TAMPA, FL 33609 US



Subject: HILLSBOROUGH ANESTHESIA ASSOCIATES, P.A.

Reference Number:

P95000068104

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$300.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION