

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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**



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**WEISSMAN, STEVEN
500 N. WESTSHORE BLVD.
SUITE 940
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100001272760
03/26/05-80042-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWELL, FRANKLIN L
STREET ADDRESS	3100 E FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	WARREN, JOHN R
STREET ADDRESS	3100 E. FLETCHER AVE.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	P
NAME	WEISSMAN, STEVEN L
STREET ADDRESS	3100 E. FLETCHER AVE.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	VARLOTTA, DAVID
STREET ADDRESS	3100 E. FLETCHER AVE.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	LONGBOTTOM, WARD
STREET ADDRESS	3100 E. FLETCHER AVE.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #