

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 033 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3332632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEISSMAN, STEVEN
500 N. WESTSHORE BLVD.
STE 525
TAMPA, FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

2/12/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 **PRESIDENT** ☐ Change ☒ Addition
NAME **RICHARD GIANOTTI, M.D.**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **ST** ☒ Delete
NAME **VARLOTTA, DAVID**
STREET ADDRESS **3100 E. FLETCHER AVE.**
CITY-ST-ZIP **TAMPA, FL 33613**

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

TITLE **ST** ☐ 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Residence Phone #

2-12-08