## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # **P95000071176** 1. Entity Name COMMUNITY ANESTHESIA CARE, P.A. 05-22-2000 90044 050 \*\*\*150.00 Mailing Address Principal Place of Business 730 S STERLING AVE 730 S STERLING AVE SUITE A SUITE A TAMPA FL 33609 TAMPA FL 33609-4542 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3334665 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Swartz NELSON, VIRGINIA R Street Address (P.O. Box Number is Not Acceptable) 730 S STERLING AVE SUITE A TAMPA FL 33609 Zip Code 33613 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD **S**ehange ☐ Addition ☐ Delete TITLE TITLE O GIANETTI, RICHARD NAME NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE n BECKENSTEIN, CHARLES R NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** Change \*\*Addition TITLE TITLE Delete Sec/tres SILVER, RICHARD B word hongbottom NAME NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS 3100 E. Plet CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Addition STD ☐ Delete TITLE TITLE VARLOTTA, DAVID NAME NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** Change ☐ Addition V P ☐ Delete TITLE TITLE WEISSMAN, STEVEN L NAME NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Addition Change ☐ Delete TITLE TITLE GREENBERGER, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 3100 E FLETCHER AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613**

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

4/27/00 813979-7914

Date Daytime Phone #