

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024518

1. Entity Name

FLORIDA ANESTHESIOLOGY & PAIN CLINIC, P.A.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90095 012 \*\*\*150.00

Principal Place of Business

Mailing Address

748 LAKSIDE DRIVE  
 NORTH PALM BEACH FL 33408

748 LAKSIDE DRIVE  
 NORTH PALM BEACH FL 33408-4506

2. Principal Place of Business

200, North Point Pkwy

3. Mailing Address

748, LAKE SIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

FL

4. FEI Number

65-0657321

Applied For  
 Not Applicable

Zip

Country

33407 USA

Zip

Country

33408 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

XAVIER, RAVI M.D.  
 748 LAKSIDE DRIVE  
 NORTH PALM BEACH FL 33408

Name N/A

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

1/28/00

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, 2000 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 PSTD  Delete  
 NAME XAVIER, RAVI M.D.  
 STREET ADDRESS 748 LAKSIDE DRIVE  
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE N/A  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE N/A  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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00

CR2E034 (9/99)