

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90076 029 ***150.00

DOCUMENT # P96000095064

1. Entity Name

DONAIRE ANESTHESIOLOGY, INC.

Principal Place of Business

Mailing Address

**6530 MAT-EE DRIVE
 SEBRING FL 33870**

**6530 MAT-EE DRIVE
 SEBRING FL 33870**

2. Principal Place of Business

730 S.E. 5th TERR.

3. Mailing Address

PO Box 2256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

65-0713521

Applied For

Not Applicable

Zip

34429

Country

CITRUS

Zip

34429

Country

CITRUS

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DONAIRE, ERNESTO G
 6530 MAT-EE DRIVE
 SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **DONAIRE, ERNESTO G.**

Street Address (P.O. Box Number is Not Acceptable)

730 S.E. 5th TERR.

City **CRYSTAL RIVER**

FL

Zip Code **34429**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DONAIRE, ERNESTO G	
STREET ADDRESS	6530 MAT-EE DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAIRE, SUSANA T	
STREET ADDRESS	6530 MAT-EE DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAIRE, ERNESTO G	
STREET ADDRESS	730 S.E. 5th TERR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAIRE, SUSANA T.	
STREET ADDRESS	730 S.E. 5th Terr	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SUSANA T. DONAIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

352-564-8620

Daytime Phone #

CR2E034 (9/99)