

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097107

1. Entity Name

GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P.A.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90046 002 \*\*\*150.00

Principal Place of Business

730 S STERLING AVE  
302  
TAMPA FL 33609

Mailing Address

730 S STERLING AVE  
302  
TAMPA FL 33609-4542

915949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

360 S. Blanca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3411711

Applied For

Not Applicable

Zip

Country

Zip

Country

33606-3630

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

MANGAR, DEVANAND MD  
28 LADOGA AVE.  
TAMPA FL 33606

Name

Mangar, Devanand MD

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

360 S. Blanca Avenue

City

Tampa, FL

FL

Zip Code

33606-3630

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

*Devanand Mangar MD*

Devanand Mangar, MD  
President

2/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MANGAR, DEVANAND MD  
CITY-ST-ZIP 28 LADOGA AVE.  
TAMPA FL 33606

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Mangar, Devanand MD  
CITY-ST-ZIP 360 S. Blanca Avenue  
Tampa, FL 33606-3630

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KIRCHHOFF, GARY  
CITY-ST-ZIP 3105 VILLA ROSA ST  
TAMPA FL 33611

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

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS TOSCANO, RAMON  
CITY-ST-ZIP 16920 CANDELEDA DE AVILA  
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

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:

*Devanand Mangar MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devanand Mangar, MD  
President

2/15/00

(813) 253-443

Date

Daytime Phone #