

DOCUMENT # P96000097107

1. Entity Name
GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P.A.

Principal Place of Business

730 S STERLING AVE
302
TAMPA FL 33609

Mailing Address

360 S. BLANCA AVE
TAMPA FL 33606-3630

2. Principal Place of Business

Tampa General Hospital
Suite/ Apt. #, etc.
2 Columbia Drive
City & State
Tampa, Florida
Zip
33606
Country
Hillsborough

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3411711

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANGAR, DEVANAND MD
360 S. BLANCA AVE
TAMPA FL 33606-3630

7. Name and Address of New Registered Agent

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.

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------------|---------------------|---------------------------------|
| D | MANGAR, DEVANAND MD | 360 S. BLANCA AVE | TAMPA FL 33606-3630 | |
| V | KIRCHHOFF, GARY | 3105 VILLA ROSA ST | TAMPA FL 33611 | |
| TS | TOSCANO, RAMON | 16920 CANDELEDA DE AVILA | TAMPA FL 33613 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |
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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

1/5/01 (813)253-4434

Date

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90009 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)