FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90377 033 ***150.00

DOCUMENT # P96000097107

1. Entity Name
Gulf to Bay Anesthesiology Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 Columbia Drive	360 Blanca Avenue
Suite, Apt. #, etc.: Suite A312	Suite, Apt. #, etc.:
City & State: Tampa FL	City & State: Tampa FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3411711 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Devanand Mangar
Street Address (P.O. Box Number is Not Acceptable): 360 Blanca Avenue
City: Tampa **FL** Zip Code: 33606

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 resident agent, and title if applicable. (NOTE: Resident 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D Mangar, Devanand 2 Columbia Drive, ste A312 Tampa FL 33606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Toscano, Ramon 2 Columbia Drive, Ste A312 Tampa FL ~~3360~~ 33606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anand, Amrat 2 Columbia Drive Tampa FL 33606
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Devanand Mangar Devanand Mangar 4/8/02 (813) 844-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #