

DOCUMENT # P97000045499

1. Entity Name
MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.

Principal Place of Business Mailing Address
C/O MANATEE MEMORIAL HOSPITAL ANESTHESIA C/O MANATEE MEMORIAL HOSPITAL ANESTHESIA
206 SECOND STREET EAST 206 SECOND STREET EAST
BRADENTON FL 34208 BRADENTON FL 34208

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90144 025 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0755374 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WICKMAN, JOHN E
4909 MANATEE AVE WEST
BRADENTON FL 34209
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete	TITLE		Change Addition
NAME	WOLFE, DANIEL E		NAME		
STREET ADDRESS	6909 PINE VALLEY STREET		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE	President	Change Addition
NAME	WEINGARTEN, JONAS		NAME		
STREET ADDRESS	4607 5TH AVENUE WEST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE		Change Addition
NAME	DAROLD, PETER		NAME		
STREET ADDRESS	8814 11TH AVE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE		Change Addition
NAME	GILMAN, ALAN K		NAME		
STREET ADDRESS	707 KEY ROYALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE		Change Addition
NAME	VILASI, JOSEPH A		NAME		
STREET ADDRESS	7613 PINE VALLEY STREET		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE		Change Addition
NAME	KUNIS, JONATHAN		NAME		
STREET ADDRESS	6303 SPYGLASS LANE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		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] M12 (941) 745-6829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #