

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-03-2001 91120 003 ***150.00

DOCUMENT # P97000051636

1. Entity Name

PALM HARBOR ANESTHESIA, P.A.

Principal Place of Business

**2833 PHEASANT DRIVE
 PALM HARBOR FL 34683**

Mailing Address

**2833 PHEASANT DRIVE
 PALM HARBOR FL 34683**

2. Principal Place of Business

2975 POLLINGWOODS DR.

3. Mailing Address

2975 POLLINGWOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

65-0760614

Applied For

Not Applicable

Zip

34683

Country

FLORIDA

Zip

34683

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MALLIS
 FINNEGAN, PEGGY
 2833 PHEASANT DR.
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

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

2975 POLLINGWOODS DRIVE

City

Palm Harbor

FL

Zip Code

34683

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

X Peggy Mallis

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☒ Delete
 NAME **FINNEGAN, PEGGY J**
 STREET ADDRESS **2833 PHEASANT DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete
 NAME **PEGGY J. MALLIS**
 STREET ADDRESS **2975 POLLINGWOODS DRIVE**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

X Peggy Mallis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 727 7848060

Date

Daytime Phone #

0101252 AV

CR2E034 (5/01)