

DOCUMENT # P97000071565

1. Entity Name
INDEPENDENT ANESTHESIA PROVIDERS, INC.

Principal Place of Business
129 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL 32082
US

Mailing Address
129 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3463960

Applied For

Not Applicable

Zip Country

Zip Country

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

KORN, MICHAEL J.
SUITE 200, SOUTHPPOINT BLDG
6620 SOUTHPPOINT DRIVE, SOUTH
JACKSONVILLE FL 32216

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 ☐ Delete
NAME **P**
STREET ADDRESS **ANDERSON, DENICE S**
CITY-ST-ZIP **129 SEA ISLAND DR.**
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME **VST**
STREET ADDRESS **ANDERSON, ALAN H**
CITY-ST-ZIP **129 SEA ISLAND DR.**
PONTE VEDRA BEACH FL 32082

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
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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:

ALAN ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

904-285-8377

Daytime Phone #

CR2E034 (10/00)