

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074337

1. Entity Name

FLORIDA GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P

Principal Place of Business

730 S STERLING
STE 302
TAMPA FL 33609
US

Mailing Address

730 S STERLING
STE 302
TAMPA FL 33609-4542
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791956

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

DEVANAND, MANGAR
730 S STERLING AVE
STE 302
TAMPA FL 33609

Mangar

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, 2000 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

CR2E034 (9/98)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGAR, DEVANAND 730 S STERLING STE 302 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSCANO, RAMON C 730 S STERLING , STE 302 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRCHHOFF, GARY T 730 S STERLING , STE 302 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Devanand Mangar, MD 3/23/00 (813) 253-4454
Signature and Typed or Printed Name of Signing Officer or Director Date
Signature Phone #