

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000074337

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

**Entity Name:** FLORIDA GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2 COLUMBIA DRIVE SUITE A312  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

360 BLANCA AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 65-0791956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEVANAND, MANGAR  
360 BLANCA AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

MANGAR, DEVANAND MD  
360 BLANCA AVENUE  
TAMPA, FL 33606 US

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: DEVANAND MANGAR, MD

04/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANGAR, DEVANAND  
Address: 730 S STERLING STE 302  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: TOSCANO, RAMON C  
Address: 730 S STERLING , STE 302  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: ANAND, AMRAT  
Address: 2 COLUMBIA DR  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MANGAR, DEVANAND MD  
Address: 2 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: TOSCANO, RAMON C MD  
Address: 2 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: ANAND, AMRAT MD  
Address: 2 COLUMBIA DR  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVANAND MANGAR

MD

04/03/2002

Electronic Signature of Signing Officer or Director

Date