

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90062 010 ***150.00

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Entity Name

PALM BAY ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**BAY COMMUNITY HOSPITAL
 MALABAR RD NE
 BAY FL 32907**

**553 RIO CASA DR N
 INDIALANTIC FL 32903-3703
 US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3475907**

Applied For

Not Applicable

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

**KANCILIA, JOHN R
 1686 W. HIBISCUS BLVD.
 MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VANDENBOSCH, MARK J 1425 MALABAR RD NE PALM BAY FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MURTHA, PATRICK A 1425 MALABAR RD NE PALM BAY FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)