

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91526 046 \*\*\*150.00

DOCUMENT # P97000091724

1. Entity Name

Tampa Bay Pain & Anesthesia Consortium Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2323 9th Avenue North

3. Mailing Address

4805 W. Laurel Street

Suite, Apt. #, etc.

Suite 504

Suite, Apt. #, etc.

Suite 100

City & State

St. Petersburg FL

City & State

Tampa FL

Zip

33713

Country

US

Zip

33607

Country

US

4. FEI Number

59-3474433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Root, Thomas M.

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

2323 9th Avenue North

Suite 504

City

St. Petersburg

FL

Zip Code

33713

DO NOT WRITE  
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME Root, Thomas M.  
STREET ADDRESS 2423 Hillcreek Circle E  
CITY - ST - ZIP Clearwater FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D  
NAME Kshatri, Atulkumar  
STREET ADDRESS 487 Pinellas Bayway #201  
CITY - ST - ZIP Tierra Verde FL 33715

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Atulkumar KSHATRI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-02

727-244-0596

Daytime Phone #