

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90026 009 ***150.00

DOCUMENT # P98000020268

1. Entity Name

ANESTHESIA CARE EXPERTS, INC.

Principal Place of Business

**880 SIXTH STREET SOUTH
 STE 110
 ST PETERSBURG FL 33701**

Mailing Address

**880 SIXTH STREET SOUTH
 STE 110
 ST PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3498964

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

**VAUGHN, GLEN C
 880-6TH ST S.
 STE 300
 ST PETERSBURG FL 33701**

Name

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

880 6th Street So.

Suite 110

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 **VD** ☐ Delete
 NAME **ELINGER, JOHN H**
 STREET ADDRESS **880 SIXTH STREET S, STE 300**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Suite 110**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MILLER, JEFFREY W**
 STREET ADDRESS **880 SIXTH STREET S, STE 300**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Suite 110**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **VENER, DAVID F**
 STREET ADDRESS **880 SIXTH STREET S, STE 300**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Suite 110**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **DICKERSON, ROBERT R**
 STREET ADDRESS **660 SIXTH STREET S, STE 300**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Suite 110**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **VAUGHN, GLENN C**
 STREET ADDRESS **660 SIXTH STREET S, STE 300**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **Suite 110**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director / VP**
 NAME **Vu, Dien N.**
 STREET ADDRESS **880 6th Street So. Suite 110**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

727-892-4755

Daytime Phone #

CR2E034 (10/00)

Attachment -

2001 Uniform Business Report

Anesthesia Care Experts
880 6th Street South
Suite 110
St. Petersburg, FL 33701

FEI Number: 59-3498964

Attachment

Doc # P98000020268

CC068746

Box 12 - Additions / Changes to Officers and Directors in Box 11

Title	Director / VP	Addition
Name	Vulgamore, Joseph M.	
Address	880 6th Street So. Suite 110	
City / State / Zip	St. Petersburg, FL 33701	