

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90098 024 \*\*\*150.00

0474694 AV

**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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VAUGHN, GLEN C  
880 6TH STREET SOUTH  
SUITE 110  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Jeffrey W. Miller**  
Street Address (P.O. Box Number is Not Acceptable) **880 6th St. S. Ste 110**  
City **St. Petersburg** FL Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

**4/29/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ELINGER, JOHN H	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, JEFFREY W	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VENER, DAVID F	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICKERSON, ROBERT R	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, GLENN C	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VU, DIEN N	
STREET ADDRESS	880 6TH ST S SUITE 110	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 727 892 8938**  
Date Daytime Phone #

CR2034 (10/02)