

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024643

1. Entity Name

LAKE CITY ANESTHESIA & PAIN MANAGEMENT ASSOCIATE

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90054 045 \*\*\*150.00

913156



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5701 OVERSEAS HIGHWAY  
SUITE 4  
MARATHON FL 33050

P.O. BOX 5054490  
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821814

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, ROBERT K ESQ.  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

Name: CLORINDA ROBLES  
Street Address (P.O. Box Number is Not Acceptable): 5701 O/S Hwy Suite # 4  
MARATHON  
City: FL Zip Code: 33050

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

*Clorinda Robles* Vice president

1/28/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  
NAME: ROBLES, CLORINDA  
STREET ADDRESS: 5701 OVERSEAS HIGHWAY SUITE 4  
CITY-ST-ZIP: MARATHON FL 33050 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*Clorinda Robles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 (305)743-7485  
Date Daytime Phone #