

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048695

1. Entity Name

HEART OF FLORIDA ANESTHESIA ASSOCIATES, P.A.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90077 042 \*\*\*150.00

Principal Place of Business

Mailing Address

HIGHWAY 27 NORTH  
FL 33837

1615 HIGHWAY 27 NORTH  
DAVENPORT FL 33837

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

59-3515996

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

MERWIN, ANNE B  
1615 HIGHWAY 27 NORTH  
DAVENPORT FL 33837

MIGUEL A - MONTEJO M D  
1615 V.I.S. HIGHWAY 27 NORTH  
DAVENPORT FL 33837

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

*[Handwritten Signature]*

MIGUEL A. MONTEJO M D

3/3/00

Signature, typed or printed name of registered agent and title, 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	<input checked="" type="checkbox"/> Delete
NAME	MERWIN, ANNE B	
STREET ADDRESS	413 AQUA VISTA DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEJO, MIGUEL A	
STREET ADDRESS	2403 BERKSHIRE LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 an other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

Daytime Phone #

CR2E034 (9/99)