

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000098128**

1. Entity Name

MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90116 025 ***150.00

Principal Place of Business

**1511 S.W. 1ST AVE.
OCALA FL 34474**

Mailing Address

**1511 S.W. 1ST AVE.
OCALA FL 34474-0001**

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

59-3543180

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ROBERTIE, PAUL G M.D.
1511 S.W. 1ST AVE.
OCALA FL 34474****7. Name and Address of New Registered Agent**

Name

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMIRE, VINCENT M.D. 1511 S.W. 1ST AVE. OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2000

Date

352-867-8311

Daytime Phone #

CR2E034 (9/99)