

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007805

1. Entity Name
SUMMIT ANESTHESIOLOGY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90232 014 ***150.00

Principal Place of Business
2710 REW CIRCLE
OCOE FL 34761

Mailing Address
2710 REW CIRCLE
OCOE FL 34761-2990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1645 CEDAR GLEN DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1510
Suite, Apt. #, etc.

City & State
APOPKA, FL

City & State
APOPKA, FL

Zip
32712

Country
ORANGE

Zip
32704-1510

Country
ORANGE

4. FEI Number
59-3554707

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DAVIS, E. NICHOLAS
1903 S. CONGRESS AVENUE
SUITE 400
BOYNTON BEACH FL 33426

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: _____ (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		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRVEN, ROGERS W			NAME	JOSEPH MORGAN		
STREET ADDRESS	2710 REW CIRCLE			STREET ADDRESS	117 NORTH AVE. #502		
CITY-ST-ZIP	OCOE FL 34761			CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUBINSKY, RANDY			NAME			
STREET ADDRESS	2710 REW CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	OCOE FL 34761			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)