

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90248 001 \*\*\*150.00

**DOCUMENT # P99000029582**

1. Entity Name

**ATLANTIC ANESTHESIA AND PAIN CONSULTANTS, P.A.**

Principal Place of Business

Mailing Address

1645 DUNLAWTON AVE. #1614  
 PORT ORANGE FL 32127-7922

1645 DUNLAWTON AVE. #1614  
 PORT ORANGE FL 32127-7922

2. Principal Place of Business

**612 PALMETTO STREET**

Suite, Apt. #, etc.

3. Mailing Address

**612 PALMETTO STREET**

Suite, Apt. #, etc.

City & State

**NEW SMYRNA BEACH, FL**

City & State

**NEW SMYRNA BEACH, FL**

Zip  
**32168**

Country  
**USA**

Zip  
**32168**

Country  
**USA**

4. FEI Number

**59-3545891**

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

**BARKIN, MARSHALL H**  
**149-P SOUTH RIDGEWOOD AVE. STE. 710**  
**DAYTONA BEACH FL 32115**

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 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SANAPATI, MAHENDAR</b>
STREET ADDRESS	<b>1645 DUNLAWTON AVE. #1614</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127-7922</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	

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**  
**SIGNATURE: (MAHENDRA SANAPATI) 04-28-2000**

Date

**(904) 423-3177**

Daytime Phone #

CR2E034 (9/99)