

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035858

1. Entity Name

TAMPA ANESTHESIOLOGY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 025 ***150.00

Principal Place of Business

Mailing Address

5013 N. ARMENIA AVE.
TAMPA FL 33603

5013 N. ARMENIA AVE.
TAMPA FL 33603-1403

2. Principal Place of Business

3. Mailing Address

5013 N. Armenia Ave
Suite, Apt. #, etc.

c/o Joseph Rugg
Suite, Apt. #, etc.
P.O. Box 3273

City & State
Tampa FL

City & State
Tampa, FL

Zip
33603

Country
USA

Zip
33601-3273

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

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

~~CHACK-ON, JOZETTE V~~
~~201 N. FRANKLIN ST. STE 2400~~
~~TAMPA FL 33602~~

Name Joseph W. N. Rugg
Street Address P.O. Box Number is Not Acceptable
100 South Ashley Dr.
Suite 1500
City Tampa FL Zip Code 33602

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)

4/15/00
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
NAME D SAPHIER, ALBERT
STREET ADDRESS 5013 N. Armenia Ave,
CITY-ST-ZIP Tampa, FL 33603 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

Date

Telephone #

4/26/2000 8/13
8750562

CR2E034 (9/99)