

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90756 011 \*\*\*158.75

0076347 AV

**DOCUMENT # P99000043983**

1. Entity Name

**CENTRAL FLORIDA ANESTHESIA CONSULTANTS, P.A.**

Principal Place of Business

**1570 WESTOVER LOOP  
HEATHROW FL 32746**

Mailing Address

**1570 WESTOVER LOOP  
HEATHROW FL 32746**

00006030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1570 Westover Loop**

3. Mailing Address

**P.O. Box 788**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Heathrow FL**

City & State

**Deland FL**

4. FEI Number

**59-3579648**

Applied For

Not Applicable

Zip

**32746**

Country

**U.S.A.**

Zip

**32721**

Country

**U.S.A.**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAWKINS, JULIE H  
1570 WESTOVER LOOP  
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name **JULIE H. HAWKINS, M.D.**

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

**1570 Westover Loop**

City

**Heathrow**

**FL**

Zip Code

**32746**

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

*Julie H. Hawkins*

**JULIE H. HAWKINS**

**4/2/02**

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, 2002 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

TITLE **PST, Secretary + Treasurer** ☐ Delete  
NAME **HAWKINS, JULIE H**  
STREET ADDRESS **1570 WESTOVER LOOP**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**4/1/02**

**407-314-5994**

Date

Daytime Phone #

CR2E034 (9/01)