

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 038 ***558.75

0126483 AT

DOCUMENT # P99000043983

1. Entity Name

CENTRAL FLORIDA ANESTHESIA CONSULTANTS, P.A.



Principal Place of Business

**1570 WESTOVER LOOP
HEATHROW FL 32746**

Mailing Address

**P.O. BOX 788
DELAND FL 32721**

2. Principal Place of Business

235 W. Tarrington Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Suite, Apt. #, etc.

Zip

32724

Country

USA

Zip

Country

Country

Country

4. FEI Number

59-3579648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, JULIE H M.D.
1570 WESTOVER LOOP
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name

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

235 W. Tarrington Dr.

City

Deland

FL

Zip Code

32724

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAWKINS, JULIE H 1570 WESTOVER LOOP HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAWKINS, JULIE H 1570 WESTOVER LOOP HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	235 W. Tarrington Dr. Deland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	235 W. Tarrington Dr. Deland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED H. HAWKINS

7/14/03 386-747-7419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F Date

Daytime Phone #

CR2E034 (4/03)