

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045819

1. Entity Name

MID-FLORIDA ANESTHESIA SERVICES, P.A.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90030 007 ***150.00

Principal Place of Business

1905 CRYSTAL DOWNS CT.
OVIEDO FL 32765

Mailing Address

1905 CRYSTAL DOWNS CT.
OVIEDO FL 32765-5836

2. Principal Place of Business

102 View Point Place
Suite, Apt. #, etc.

3. Mailing Address

102 View Point Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL

City & State

Winter Springs, FL

4. FEI Number

59-3581508

Applied For

Not Applicable

Zip
32708-2820

Country
USA

Zip

32708-2820

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MILTON E
1905 CRYSTAL DOWNS CT.
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

102 View Point Place

City

Winter Springs

FL

Zip Code

32708-2820

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 MILTON E. TAYLOR, President Milton E. Taylor 2-10-2000
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

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, MILTON E
CITY-ST-ZIP 1905 CRYSTAL DOWNS CT.
OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 D
STREET ADDRESS TAYLOR, MILTON E.
CITY-ST-ZIP 102 View Point Place
Winter Springs, FL 32708-2820

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

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

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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: Milton E. Taylor MILTON E. TAYLOR 2-10-2000 407-3274077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)