

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90010 005 ***150.00

0469185

DOCUMENT # P99000054927

1. Entity Name

AFFILIATED ANESTHESIA PROFESSIONALS, INC.

Principal Place of Business

**403 S. PALAFOX STREET
 PENSACOLA FL 32501**

Mailing Address

**403 S. PALAFOX STREET
 PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

6088 Berryhill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milton, FL

Zip

Country

Zip

Country

32570

USA

4. FEI Number

59-3583289

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

**GARCIA, IVAN
 5651-B HIGHWAY 90
 MILTON FL 32583**

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, 2001 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 **PT** ☐ Delete
 NAME **GARCIA, IVAN**
 STREET ADDRESS **5651-B HWY 91**
 CITY-ST-ZIP **MILTON FL 32583**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1-22-01

Date

850-626-3303

Daytime Phone #

X1009

CR2E034 (10/00)