

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90079 033 \*\*\*150.00

**DOCUMENT # P99000054927**

1. Entity Name  
**AFFILIATED ANESTHESIA PROFESSIONALS, INC.**

Principal Place of Business  
**403 S. PALAFOX STREET  
 PENSACOLA FL 32501**

Mailing Address  
**6088 BERRYHILL RD  
 MILTON FL 32570**

2. Principal Place of Business  
**411 Greve Road**

3. Mailing Address  
**411 Greve Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**59-3583289**

Applied For  
 Not Applicable

Zip  
**32507**

Country  
**USA**

Zip  
**32507**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
**Jose G. Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**411 Greve Road**  
 City  
**Pensacola FL** Zip Code  
**32507**

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 Jose G. Rodriguez **Jose G. Rodriguez, Agent** **01-15-02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT GARCIA, IVAN 5651-B HWY 91 MILTON FL 32583</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President-Treasurer Patricia A. McQueen 14231 Woodland Hills Dr Biloxi, Ms 39532</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-Secretary- Gene R. Redondo 411 Greve Road Pensacola, FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

Jose G. Rodriguez  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-02**

Date

Daytime Phone #

CR2E034 (9/01)