

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90384 044 ***150.00

DOCUMENT # P99000054927

1. Entity Name
AFFILIATED ANESTHESIA PROFESSIONALS, INC.



Principal Place of Business
411 GREVE ROAD
PENSACOLA FL 32507

Mailing Address
411 GREVE ROAD
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3583289

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE G
411 GREVE ROAD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name **IVAN GARCIA Ph.D.**

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

6088 Berryhill Rd

City

Milton

FL

Zip Code

32570

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 **IVAN GARCIA Ph.D.**

IVAN GARCIA Ph.D.

03-31-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Delete
NAME **MC QUEEN, PATRICIA A**
STREET ADDRESS **14231 WOODLAND HILLS DR**
CITY-ST-ZIP **BILOXI MS 39532**

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

TITLE **VPS** ☒ Delete
NAME **REDONDO, GENE R**
STREET ADDRESS **411 GREVE ROAD**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **P.T.S** ☐ Delete
NAME **GARCIA, IVAN, Ph.D.**
STREET ADDRESS **6088 Berryhill Rd**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **PT-S** ☒ Change ☐ Addition
NAME **IVAN GARCIA, Ph.D.**
STREET ADDRESS **6088 Berryhill Rd**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 OF PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-2003 (P99) 626-3303 Ext. 1009
Date Daytime Phone #

CR2E034 (10/02)