

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90034 050 ***550.00

DOCUMENT # P99000057300 1. Entity Name CENTER ANESTHESIA, INC.					
Principal Place of Business 63 BARKLEY CIRCLE, SUITE 104 FORT MYERS FL 33907			Mailing Address 63 BARKLEY CIRCLE, SUITE 104 FORT MYERS FL 33907		
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 65-0929315 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHARMA, NEEKAYTAN M.D. 63 BARKLEY CIRCLE, SUITE-104 FORT MYERS FL 33907			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>[Signature]</i> DATE 7/30/01 <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHARMA, NEEKAYTAN M.D. STREET ADDRESS 63 BARKLEY CIRCLE, SUITE 104 CITY-ST-ZIP FORT MYERS FL 33907	<input type="checkbox"/> Delete		TITLE VP NAME Sandy Sharma STREET ADDRESS 63 Barkley Circle, Suite 103 CITY-ST-ZIP Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 of all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7/30/01 Daytime Phone #		

CR2E034 (5/01)