

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000103318**1. Entity Name  
ST. JOHNS RIVER ANESTHESIA & PAIN, P.A.

## Principal Place of Business

6500 CRILL AVENUE  
SUITE 4  
PALATKA  
32177

FL

## Mailing Address

6500 CRILL AVENUE  
SUITE 4  
PALATKA  
32177

FL

2. Principal Place of Business  
PO BOX 4912453. Mailing Address  
PO BOX 491245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
KEY BISCAYNE

FL

City & State  
KEY BISCAYNE

FL

Zip  
33149

Country

Zip  
33149

Country

4. FEI Number  
59-3610757

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAYES DENNIS E  
233 E. BAY STREET  
SUITE 620  
JACKSONVILLE  
32202

FL

US

## 7. Name and Address of New Registered Agent

Name

SIDLOSCA RANDALL L

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

100 SOUTH BISCAYNE BLVD.

SUITE 800

City  
MIAMI

FL

Zip Code  
33131

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 **RANDALL SIDLOSCA**

04/22/2001

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

TITLE D ☐ Delete  
NAME MIJARES CARLOS  
STREET ADDRESS 159 CONFEDERATE POINT ROAD  
CITY-ST-ZIP PALATKA FL 32177TITLE D ☐ Delete  
NAME LYNCH DANIEL E  
STREET ADDRESS 6500 CRILL AVENUE, SUITE 4  
CITY-ST-ZIP PALATKA FL 32177TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME MIJARES CARLOS  
STREET ADDRESS PO BOX 491245  
CITY-ST-ZIP KEY BISCAYNE FL 33149TITLE D ☒ Change ☐ Addition  
NAME LYNCH DANIEL E  
STREET ADDRESS PO BOX 491245  
CITY-ST-ZIP KEY BISCAYNE FL 33149TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Daniel Lynch**

Pres

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)