

DOCUMENT # P99000111399

1. Entity Name

SOUTH LAKE ANESTHESIA SERVICES, P.A.

Principal Place of Business
6165 RALEIGH STREET #1515
ORLANDO FL 32835

Mailing Address
6165 RALEIGH STREET #1515
ORLANDO FL 32835

2. Principal Place of Business

17137 MAGNOLIA ISLAND BLVD

3. Mailing Address

17137 MAGNOLIA ISLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-3613830

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHIVIZZANI, DAVID S MD
6165 RALEIGH STREET #1515
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

GHIVIZZANI, DAVID S MD

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

17137 MAGNOLIA ISLAND BLVD

City

CLERMONT, FL

FL

Zip Code

34711

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.

DAVID S GHIVIZZANI, PRESIDENT

DATE

1/8/01

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
NAME GHIVIZZANI, DAVID S MD
STREET ADDRESS 6165 RALEIGH STREET #1515
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME GHIVIZZANI, DAVID S MD
STREET ADDRESS 17137 MAGNOLIA ISLAND BLVD
CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. GHIVIZZANI

Date

1/8/01

Daytime Phone #

(407) 654-5786

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90004 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)