

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90063 049 \*\*\*150.00

**DOCUMENT # P99000111399**

1. Entity Name  
**SOUTH LAKE ANESTHESIA SERVICES, P.A.**

Principal Place of Business  
**17137 MAGNOLIA ISLAND BLVD**  
**CLERMONT FL 34711**  
**US**

Mailing Address  
**17137 MAGNOLIA ISLAND BLVD**  
**CLERMONT FL 34711**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**17137 Magnolia Island Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**17137 Magnolia Island Blvd**  
 Suite, Apt. #, etc.

City & State  
**Clermont, FL**  
 Zip  
**34711**  
 Country  
**USA**

City & State  
**Clermont, FL**  
 Zip  
**34711**  
 Country  
**USA**

4. FEI Number  
**59-3613830**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GHIVIZZANI, DAVID S MD**  
**17137 MAGNOLIA ISLAND BLVD**  
**CLERMONT FL 34711**

**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** 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.

(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GHIVIZZANI, DAVID S MD</b>	
STREET ADDRESS	<b>17137 MAGNOLIA ISLAND BLVD</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)