

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90091 034 ***150.00

DOCUMENT # S64127

1. Corporation Name

UNICOM ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

3100 E. FLETCHER AVE.
TAMPA FL 33613
US

Mailing Address

730 S. STERLING AVENUE
SUITE 302
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1991

4. FEI Number

59-3075703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NELSON, VIRGINIA R.
730 S. STERLING AVENUE
SUITE 302
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME GREENBERGER, ROBERT A MD
STREET ADDRESS 730 S. STERLING AVENUE SUITE 302
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME LONG, FRANK, A., M.D.
STREET ADDRESS 730 S. STERLING AVENUE SUITE 302
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME WEISSMAN, STEVEN L
STREET ADDRESS 730 S. STERLING AVENUE SUITE 302
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME BECKENSTEIN, CHARLES RMD
STREET ADDRESS 730 S. STERLING AVENUE STE 302
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME GIANETTI, RICHARD M.D..
STREET ADDRESS 730 S. STERLING AVENUE STE 302
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME SILVER, RICHARD B
STREET ADDRESS 730 S. STERLING AVENUE SUITE 302
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Vice President

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

979-7914

CR2F034 (11/98)