

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64127

1. Entity Name

UNICOM ANESTHESIA ASSOCIATES, P.A.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90014 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3100 E. FLETCHER AVE.  
TAMPA FL 33613  
US

730 S. STERLING AVENUE  
SUITE 302  
TAMPA FL 33609-4542  
US

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

59-3075703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Gary Swartz

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

Same

City

**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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Sec/Treas ☐ Change ☒ Addition  
NAME Longbottom, Ward  
STREET ADDRESS 730 S. Sterling Ave, Suite 302  
CITY-ST-ZIP Tampa, FL 33613

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

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)