

2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-29-2005 90020 005 ***150.00

DOCUMENT # S64127
1. Entity Name
UNICOM ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business
**3100 E. FLETCHER AVE.
TAMPA, FL 33613 US**

Mailing Address
**500 N WESTSHORE BLVD
SUITE 940
TAMPA, FL 33609 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03172005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3075703

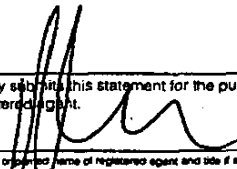
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GIANETTI, RICHARD M.D.
3100 E FLETCHER AVE
TAMPA, FL 33609**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **3/17/05**

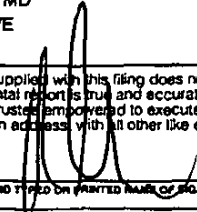
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARREN, JOHN R M.D.		NAME		
STREET ADDRESS	3100 E FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Longbottom, Ward		NAME		
STREET ADDRESS	3100 E FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEISSMAN, STEVEN L		NAME		
STREET ADDRESS	3100 E. FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BECKENSTEIN, CHARLES RMD		NAME		
STREET ADDRESS	3100 E. FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIANETTI, RICHARD M.D..		NAME		
STREET ADDRESS	3100 E. FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTOS, ANTONIO A MD		NAME		
STREET ADDRESS	3100 E FLETCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/17/05** Daytime Phone #