

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

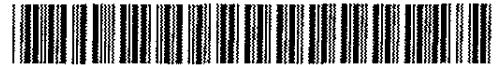
DOCUMENT # S64127

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 525
TAMPA, FL 33609 US**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WARREN, JOHN R M.D.
STREET ADDRESS	3100 E FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	Longbottom, Ward
STREET ADDRESS	3100 E FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	P
NAME	WEISSMAN, STEVEN L
STREET ADDRESS	3100 E. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	BECKENSTEIN, CHARLES RMD
STREET ADDRESS	3100 E. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	P
NAME	GIANETTI, RICHARD M.D.,
STREET ADDRESS	3100 E. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	SANTOS, ANTONIO A MD
STREET ADDRESS	3100 E FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33613

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01/26/07-80038-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #