

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90005 024 ***150.00

DOCUMENT # V65215

1. Entity Name
COLLIER ANESTHESIA, P.A.

Principal Place of Business

**4949 TAMIAMI TRAIL NO.
SUITE 206
NAPLES FL 34103**

Mailing Address

**BOX 413012
NAPLES FL 34101-3012**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0353267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, THOMAS L
4949 N. TAMIAMI TRAIL
SUITE 206
NAPLES FL 34103**

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.

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, 2001 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 **D** ☐ Delete
NAME **ARRIGO, JOSEPH**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **SCHURLKNIGHT, STEPHEN**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **ANDERSON, LEE K**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **P** ☐ Delete
NAME **COOK, THOMAS L.**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **ST** ☒ Delete
NAME **JOSEPH, DOUGLAS A.**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **ISAACSON, WAYNE**
STREET ADDRESS **4949 N. TAMIAMI TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

TITLE **ST** ☒ Change ☐ Addition
NAME **BROOKS, MILLARD**
STREET ADDRESS **4949 TAMIAMI TRAIL N., SUITE 206**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ 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

Thomas L Cook

3/4/01

Date

941 261 1158

Daytime Phone #

CR2E034 (10/00)