

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90264 005 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0353267**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

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

TITLE
NAME **D** ☐ Delete
ISAACSON, WAYNE
STREET ADDRESS **4949 N. TAMiami TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

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

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

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

TITLE
NAME **ST** ☐ Delete
BROOKS, MILLARD
STREET ADDRESS **4949 N. TAMiami TRAIL, SUITE 206**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03

239-261158

CR2E034 (10/02)