2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V66426** Apr 24, 2000 8:00 am Secretary of State ADVANTAGE ANESTHESIA, P.A. 04-24-2000 90130 044 ***150.00 Mailing Address Principal Place of Business 15 PARADISE PL 15 PARADISE PL SUITE 330 SUITE 330 SARASOTA FL 34239 SARASOTA FL 34239-6905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0361556 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired -- [-] Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLAUGHLIN, JAN Street Address (P.O. Box Number is Not Acceptable) 3920 BEE RIDGE RD BUILDING B SUITE C SARASOTA FL 34233 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MCLAUGHLIN, JAN NAME NAME 3920 BEE RIDGE RD BLDG B SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Janet SmcLaughlin SIGNATURE AND TYP D OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

SIGNATURE: