

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90047 049 ***150.00

DOCUMENT # K07410

1. Entity Name
ANESTHESIA OF INDIAN RIVER, INC.

Principal Place of Business 100 17TH STREET, SUITE E2 VERO BEACH FL 32960	Mailing Address 699 17TH STREET, SUITE E2 VERO BEACH FL 32960-6237
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XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0037808	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEGERT, FORD J.
817 BEACHLAND BLVD
VERO BEACH FL 32963

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	NAME FEGERT, VIRGINIA E., MD	STREET ADDRESS 699 17TH STREET, E2	CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete
TITLE D	NAME MEETZE, RUSSELL L. M.D	STREET ADDRESS 699 17TH STREET, E2	CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete
TITLE D	NAME RICHARDSON, MARION L., MD	STREET ADDRESS 699 17TH STREET, E2	CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete
TITLE DST	NAME MONUSZKO, EILEEN A MD	STREET ADDRESS 699 17TH ST, STE E	CITY-ST-ZIP VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE PD	NAME BRANN, CHRISTOPHER A.	STREET ADDRESS 699 17TH ST, #E2	CITY-ST-ZIP VERO BCH FL	<input type="checkbox"/> Delete
TITLE D	NAME KATZ, EDWARD H	STREET ADDRESS 699 17TH ST E2	CITY-ST-ZIP VERO BCH FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D	NAME Donald J. Portell, DO	STREET ADDRESS 699 17th Street, E	CITY-ST-ZIP Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME Geoffrey B. Wolf, MD	STREET ADDRESS 699 17th Street, E	CITY-ST-ZIP Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME Laura H. Wolf, MD	STREET ADDRESS 699 17th Street, E	CITY-ST-ZIP Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME Michael J. Bounassi, MD	STREET ADDRESS 699 17th Street, E	CITY-ST-ZIP Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Christopher A. Brann (561) 778-9621
 Christopher A. Brann, M.D., President Date: 3/31/00 Daytime Phone #

CR2E034 (9/99)