

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90207 033 ***150.00

DOCUMENT # M63068

1. Entity Name
CHILDREN'S ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

**3100 S.W. 62 AVE.
 MIAMI FL 33155
 US**

Mailing Address

**3100 S.W. 62 AVE.
 MIAMI FL 33155
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0017781

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SUMBERG, JOHN
 2500 FIRST UNION FINANCIAL CENTER
 MIAMI FL 33101**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DSV ELLIS, LAURETTE M M.D. 7701 S.W. 132ND PLACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUER, CHIRSTIAN W. 11120 S. W. 58 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV TIROTTA, CHRISTOPHER F. M 450 GRAPETREE DRIVE SUITE 311 KEY BISCAYNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, RAFAEL E 12048 SW 75 STREET MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNSHI, DOLLY K 1235 N GREENWAY DRIVE MIAMI FL 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAME SAME SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 3168 INVERNESS WESTON, FL 33332	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SAME SAME SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 (305) 663-8456

CR2E034 (9/01)