

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000094644

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: SURFSIDE ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

150 SW 12TH AVENUE  
SUITE 480  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21026  
FT LAUDERDALE, FL 33355

**New Mailing Address:**

FEI Number: 65-0718526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREUND, IRWIN B  
10729 SW 104TH STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: DEMEO, RONALD F  
Address: 2474 S.W. 27TH TERRACE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD F DEMEO

PST

04/18/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date