

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90038 037 ***158.75

DOCUMENT # P99000021129

1. Entity Name

INTERCOASTAL ANESTHESIA, INC.
INTRACOASTAL

Principal Place of Business

7591 WENTWORTH DRIVE
 LAKE WORTH FL 33467

Mailing Address

7591 WENTWORTH DRIVE
 LAKE WORTH FL 33467-7811

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

65-0897320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SOUTHWEST PROFESSIONAL SERVICES OF FORT MY~~
~~13611 MCGREGOR BLVD~~
~~#3~~
~~FT. MYERS FL 33919~~

Name **Jeanne Mosher**

Street Address (P.O. Box Number is Not Acceptable) **7591 WENTWORTH DR.**

City **LAKE WORTH** FL Zip Code **33467**

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 *Jeanne Mosher (Jeanne MOSHER)*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** Delete
 NAME **Jeanne E. MOSHER**
 STREET ADDRESS **7591 WENTWORTH DR**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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: *Jeanne Mosher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000
 Date

561 967-3659
 Daytime Phone #

CR2E034 (9/99)