

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 017 ***550.00

DOCUMENT # S62193

1. Entity Name
BAYFRONT ANESTHESIA SERVICES, P.A.

[Handwritten Signature]

Principal Place of Business 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US	Mailing Address 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG FL 33704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3072468		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARDER, JEFFREY 3637 4TH STREET NORTH #400 ST PETERSBURG FL 33704				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMENGUAL, ALAN	NAME	Berard Tortorice
STREET ADDRESS	968 MONTEREY POINT N.E.	STREET ADDRESS	127 Bay Point Dr. N.E.
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	St. Petersburg Fl. 33704
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARDER, JEFFREY	NAME	
STREET ADDRESS	998 LAKE PLACIDO CT. NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABADISH, JOSEPH	NAME	
STREET ADDRESS	1969-72ND AVE NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, KOKILA	NAME	
STREET ADDRESS	7469 18TH ST NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BILL	NAME	
STREET ADDRESS	390 4TH AVE NORTH	STREET ADDRESS	
CITY-ST-ZIP	TERRA VERDE FL 33715	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDNER, CONFIDENT	NAME	
STREET ADDRESS	1416 - 72ND AVE., N.E.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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 *[Handwritten Signature]* SIGNATURE REQUIRED *[Handwritten Signature]* Date **7-20-2000** Daytime Phone # _____

CR 15014 1/0001