


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 25, 2003 8:00 am  
Secretary of State

02-25-2003 90110 032 \*\*\*150.00

**DOCUMENT # S62193**

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



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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3072468**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARDER, JEFFREY**  
**3637 4TH STREET NORTH #400**  
**ST PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARDER, JEFFREY</b>	
STREET ADDRESS	<b>998 LAKE PLACIDO CT. NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SABADISH, JOSEPH</b>	
STREET ADDRESS	<b>1969 72ND AVE NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERARD, TORTORICE</b>	
STREET ADDRESS	<b>127 BAYPOINT DR NE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33704</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, BILL</b>	
STREET ADDRESS	<b>390 4TH AVE NORTH</b>	
CITY-ST-ZIP	<b>TERRA VERDE FL 33715</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUDNER, CONFIDENT</b>	
STREET ADDRESS	<b>1416 - 72ND AVE., N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STATE OF FLORIDA

CR2E034 (10/02)