2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000023393

1. Entity Name

BOCA RATON AMBULATORY ANESTHESIA SERVICES, P.A.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90072 018 ***150.00

Principal Place of Business 40 NE 2ND AVE. DEERFIELD BCH FL 33441		Mailing Address 40 NE 2ND AVE. DEERFIELD BCH FL 3344	11	
2. Principal Place of Business		3. Mailing Address		t impriment vit manife tides danny danny danny transa kither vivila vivila vivila vivila vivil hebbi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For 32 - 000 7404 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
	· · · · · · · · · · · · · · · · · · ·		Name	
	I, STEVEN T		Street Addr	ess (P.O. Box Number is Not Acceptable)
40 NE 2N			Broot Addit	ess (r.c. dox Number is Not Acceptable)
DEERFIEL	LD BCH FL 33441			
			City	FL Zip Code
8. The above the obliga	e named entity submits this statemer tions of registered agent.	nt for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOT)	Registered Agent signature rec	equired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ND DIRECTORS	11.	ADDITIONS (CLIANDED TO OFFICE DO AND DEPOSITE OF THE OFFICE OF THE OFFIC
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MILSTEIN, STEVEN R		NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	40 NE 2ND AVE. DEERFIELD BCH FL 33441		STREET ADDRESS	
TITLE	DEERFIELD DON FL 33441		CITY-ST-ZIP	
NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	, Sudatigo D Madalan
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	
NAME		□ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP		٠.	STREET ADDRESS	
TITLE		□ Delete	TITLE	
IAME		LJ DGIGIÇ	NAME	. Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby co	ertify that the information supplied wi	ith this filing does not qualify for t	he exemption stated in	Section 119 07/3Vi) Florida Statutor Lifurther portifu that the informati

indicated on this report or supplemental report is true and accurate and that my signature stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/3

179) 426 -EB40 Daytime Phone #