

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90205 017 \*\*\*150.00

0422468 AV

**DOCUMENT # 466968**

1. Entity Name  
**PALM BEACH ANESTHESIA ASSOCIATES, P.A.**



Principal Place of Business  
**109-C JFK DRIVE**  
**ATLANTIS FL 33462**

Mailing Address  
**109-C JFK DRIVE**  
**ATLANTIS FL 33462**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1567644**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, JEFFREY ESQ.**  
**54 N.E. FOURTH AVE.**  
**DELRAY BEACH FL 33483**

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

**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 **VP** ☐ Delete  
NAME **SALVADOR, DAVID**  
STREET ADDRESS **14115 MILLER DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VP** ☐ Change ☒ Addition  
NAME **SITARIK, JOHN J.**  
STREET ADDRESS **556 ANCHORAGE DR.**  
CITY-ST-ZIP **N. PALM BEACH, FL 33408**

TITLE **PRESIDENT** ☐ Delete  
NAME **CASKEY, WILLIAM MICHAEL**  
STREET ADDRESS **3435 GULFSTREAM ROAD**  
CITY-ST-ZIP **GULFSTREAM FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CASKEY, WILLIAM MICHAEL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ABADIA, ANTONIO**  
STREET ADDRESS **117 THORNTON DR**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MEISELMAN, HOWARD**  
STREET ADDRESS **7828 MANDARIN DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VP** ☐ Delete  
NAME **ROSENBERG, ALAN**  
STREET ADDRESS **2725 NW 29TH DR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☒ Change ☐ Addition  
NAME **RUBIN, JONATHAN M**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **BVP** ☐ Delete  
NAME **RUBIN, JONATHAN M**  
STREET ADDRESS **5122 MISTY MORN ROAD**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VP/T** ☒ Change ☐ Addition  
NAME **ABADIA, ANTONIO**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MEISELMAN, HOWARD**  
STREET ADDRESS **7828 MANDARIN DR.**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ 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: **WILLIAM M. CASKEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 APR 03** **(561) 964-2060**  
Date Daytime Phone #

CR2E034 (10/02)