

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90013 007 ***150.00

DOCUMENT # 537334

1. Entity Name

BREVARD ANESTHESIA SERVICES, P.A.

Principal Place of Business

Mailing Address

1304 OAK ST
 MELBOURNE FL 32901

1304 OAK ST
 MELBOURNE FL 32901

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

59-1755503

Applied For

Not Applicable

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

BLUNK, JOSEPH N.
 1304 OAK ST
 MELBOURNE FL 32901

Name
JACOBSON, MATTHEW W.

Street Address (P.O. Box Number is Not Acceptable)
 1304 Oak Street

Melbourne, Florida

City
 Florida

FL

Zip Code
 32901

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 **Matthew W. Jacobson**

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 23, 2002

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, 2002 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 **D** Delete
 NAME **BLUNK, JOSEPH H**
 STREET ADDRESS **1304 OAK STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **JACOBSON, MATTHEW W**
 STREET ADDRESS **1304 OAK STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ENTWISTLE, KIM M**
 STREET ADDRESS **1304 OAK STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **V** Change Addition
 NAME **GOLDBERG, STEPHEN E.**
 STREET ADDRESS **1304 Oak Street**
 CITY-ST-ZIP **Melbourne, Florida 32901**

TITLE **C** Delete
 NAME **SALTZMAN, LYLE S**
 STREET ADDRESS **1304 OAK STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** Delete
 NAME **INGRAM, III J**
 STREET ADDRESS **1304 OAK ST**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VC** Change Addition
 NAME **SCHRADER, KEITH J.**
 STREET ADDRESS **1304 Oak Street**
 CITY-ST-ZIP **Melbourne, Florida 32901**

TITLE **ST** Delete
 NAME **BROWN, MARK S**
 STREET ADDRESS **1304 OAK ST**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **ST** Change Addition
 NAME **LINDSEY, JR., JOHN E.**
 STREET ADDRESS **1304 Oak Street**
 CITY-ST-ZIP **Melbourne, Florida 32901**

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 titles empowered.

SIGNATURE:

Matthew W. Jacobson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002

Date

(321)723-4723

Daytime Phone #

CR2E034 (9/01)