

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90160 017 ***150.00

DOCUMENT # 537334

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



Principal Place of Business
**1304 OAK ST
MELBOURNE FL 32901**

Mailing Address
**1304 OAK ST
MELBOURNE FL 32901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1755503**

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

**JACOBSON, MATTHEW W
1304 OAK ST
MELBOURNE FL 32901**

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 _____ (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	P <input type="checkbox"/> Delete
NAME	JACOBSON, MATTHEW W
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	V <input type="checkbox"/> Delete
NAME	GOLDBERG, STEPHEN E
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	C <input type="checkbox"/> Delete
NAME	SALTZMAN, LYLE S
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	VC <input type="checkbox"/> Delete
NAME	SCHRDER, KEITH J
STREET ADDRESS	1304 OAK ST
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	ST <input type="checkbox"/> Delete
NAME	LINDSEY, JOHN E JR.
STREET ADDRESS	1304 OAK ST
CITY-ST-ZIP	MELBOURNE FL 32901
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, KEITH J
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
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: *Keith J. Schrader* **Keith J. Schrader, M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice Chairman** **January 28, 2003** **(321)723-4723**
Date Daytime Phone #

CR2E034 (10/02)