

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
 03-31-2002 90047 007 ***150.00

0235074 AV

DOCUMENT # 599244
 1. Entity Name
GENERAL ANESTHESIA SERVICES, INC.

Principal Place of Business Mailing Address
3849 NE 169 CT. C-112 **3849 NE 169 CT. C-112**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**



2. Principal Place of Business 3. Mailing Address
5975 SW 8th St. **PO BOX 1628**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FL **MIAMI FL**
 Zip Country Zip Country
33144 **USA** **33144** **USA**

4. FEI Number Applied For
59-1912525 Not Applicable

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

6. Name and Address of Current Registered Agent
~~PINO, VICENTE
 3849 NE 169 ST.
 C-112
 NORTH MIAMI BEACH FL 33160~~

7. Name and Address of New Registered Agent
 Name **PINO, VICENTE**
 Street Address (P.O. Box Number is Not Acceptable)
5975 SW 8th St.
 City **MIAMI** FL Zip Code **33144**

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 *V. Pino* (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINO, VICENTE 3849 NE 169 ST. C-112 NORTH MIAMI BEACH FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINO VICENTE 5975 SW 8th St MIA PO BOX 1628 MIA FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *V. Pino* 03-2-02 305-815-3505
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/01)