

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600008

1. Entity Name

ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90051 031 \*\*\*150.00

Principal Place of Business

Mailing Address

7400 SW 62 AVE  
 SUITE 155  
 MIAMI FL 33143  
 US

8301 NW 197 ST  
 MIAMI FL 33015-5996  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0944132

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

MEISTER, MICHAEL  
 8301 NW 197 ST  
 MIAMI FL 33015

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.

SIGNATURE

*Michael Meister*  
 Signature, typed or printed name of registered agent and title, applicable

President  
 (NOTE: Registered Agent signature required when reinstating)

DATE

1/27/2000

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	KALLOS, TAMAS	
STREET ADDRESS	8301 NW 197 ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHRIER, HARRY B.	
STREET ADDRESS	7390 S.W. 153RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLOCK, JEFFREY S	
STREET ADDRESS	7299 SW 79 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNS, STEVEN	
STREET ADDRESS	8301 NW 197 ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANNING, HILLARY A	
STREET ADDRESS	10300 SW 56 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARKAS, JEREMY A	
STREET ADDRESS	12075 SW 71 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	P President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Meister	
STREET ADDRESS	8301 NW 197th ST	
CITY-ST-ZIP	Miami FL 33015	
TITLE	T Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurence D. Kantor	
STREET ADDRESS	8301 NW 197th ST	
CITY-ST-ZIP	Miami FL 33015	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*Laurence D. Kantor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

DATE

Daytime Phone #

1/28/2000 305 662-819