

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90034 018 ***150.00

DOCUMENT # 600008

1. Entity Name

ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

Principal Place of Business

7400 SW 62 AVE
SUITE 155
MIAMI FL 33143
US

Mailing Address

8301 NW 197 ST
MIAMI FL 33015
US

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

59-0944132

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MEISTER, MICHAEL**
8301 NW 197 ST
MIAMI FL 33015**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 305-829-2252

CR2E034 (10/00)

0088114