

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90055 030 ***150.00

DOCUMENT # 600008

1. Entity Name
ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

Principal Place of Business Mailing Address

7400 SW 62 AVE **8301 NW 197 ST**
SUITE 155 **MIAMI FL 33015**
MIAMI FL 33143 **US**
US

2. Principal Place of Business 3. Mailing Address

6200 SW 73rd St Suite, Apt. #, etc.

City & State City & State

5. Miami, FL **FL**

4. FEI Number Applied For

59-0944132 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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: *Michael Meister* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHRIER, HARRY B.	NAME	Michael Meister
STREET ADDRESS	7390 S.W. 153RD ST.	STREET ADDRESS	8301 NW 197th St
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami FL 33015
TITLE	<input type="checkbox"/> Delete	TITLE	G <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCK, JEFFREY S	NAME	Guillermo Pol (VP)
STREET ADDRESS	7299 SW 79 CT	STREET ADDRESS	329 Campana Ave
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Coral Gables FL 33156
TITLE	V <input type="checkbox"/> Delete	TITLE	T S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, STEVEN	NAME	Lbyronce Kantor
STREET ADDRESS	8301 NW 197 ST	STREET ADDRESS	8777 SW 62nd Ct
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	Miami FL 33143
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNING, HILLARY A	NAME	Nick Palermo
STREET ADDRESS	10300 SW 56 AVE	STREET ADDRESS	41251 SW 82nd PL
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami FL 33156
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARKAS, JEREMY A	NAME	Zeichna Stojan
STREET ADDRESS	12075 SW 71 CT	STREET ADDRESS	10621 SW 70 Ave
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami FL 33156
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Zaydon Graciela
STREET ADDRESS		STREET ADDRESS	10825 SW 135 TOLL
CITY-ST-ZIP		CITY-ST-ZIP	Miami FL 33176

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: *Michael Meister* 2/7/2002 305-662-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)