

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90145 006 ***150.00

DOCUMENT # 601023

1. Entity Name

ANESTHESIOLOGY ASSOCIATES OF THE PALM BEACHES, P.A.

Principal Place of Business

**1201 US HWY 1
 240
 NORTH PALM BEACH FL 33408
 US**

Mailing Address

**1201 US HWY 1
 240
 NORTH PALM BEACH FL 33408
 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

59-1262212

Applied For

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

**WALTUCK, BERNARD
 372 GOLDVIEW RD
 APT 301
 NORTH PALM BEACH FL 33408**

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, 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 **PD** ☐ Delete
 NAME **WALTUCK, BERNARD**
 STREET ADDRESS **372 GOLDVIEW RD APT 301**
 CITY-ST-ZIP **N PALM BCH FL 33408**

TITLE **VPD** ☐ Delete
 NAME **ROLLINS, HOWARD**
 STREET ADDRESS **12901 BRYNWOOD**
 CITY-ST-ZIP **PALM BEACH GDNS FL**

TITLE **TD** ☐ Delete
 NAME **AMADO, JEFFREY A**
 STREET ADDRESS **18 CAYMAN PLACE**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **SD** ☐ Delete
 NAME **RODMAN, RICHARD**
 STREET ADDRESS **233 LA PUERTA WAY**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **VPD** ☐ Delete
 NAME **WEIDENBAUM, WAYNE S**
 STREET ADDRESS **1 DUNBAR RD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

TITLE **VPD** ☐ Delete
 NAME **UNTRACHT, MITCHEL S**
 STREET ADDRESS **5723 HIGH FLYER RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33418**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

561-776. 9545

Date

Daytime Phone #

CR2E034 (9/01)