

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90229 044 ***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

1411 N. Flagler Dr.

3. Mailing Address

1411 N. Flagler Dr.

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

US

Zip

33401

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1262212

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTUCK, BERNARD

372 GOLFVIEW RD

APT 301

NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Michael S. Singer, Esq

Street Address (P.O. Box Number is Not Acceptable)

3401 PGA Blvd

Suite 802

City

Palm Beach Gardens

FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete

NAME WALTUCK, BERNARD
STREET ADDRESS 372 GOLFVIEW 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

561-833-0882

Daytime Phone #

CR2E034 (10/02)