

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2000 08:00 AM****Secretary of State****DOCUMENT # 603441****1. Entity Name****TARANCO & ASSOCIATES ANESTHESIOLOGY GROUP, INC.****Principal Place of Business**

7201 SW 5 STREET

PLANTATION  
33317

FL

**Mailing Address**

4651 SHERIDAN ST., STE. 400

HOLLYWOOD  
33021

FL

**2. Principal Place of Business**

4979 NORTH UNIVERSITY DRIVE, SUITE 28

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LAUDERHILL

FL

**City & State**Zip  
33351

Country

Zip

Country

**4. FEI Number****59-1395892**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MARTUS JAY A  
4651 SHERIDAN ST., STE. 400HOLLYWOOD  
33021

FL

US

**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)

**04/27/2000**

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, 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**TITLE VPS ☐ Delete  
NAME MARTUS JAY A  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE COOD ☐ Delete  
NAME SCHUNDLER MICHAEL  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE EVP ☐ Delete  
NAME GOLD LEWIS  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE PD ☐ Delete  
NAME EISENBERG MITCHELL  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE VP ☐ Delete  
NAME TARANCO, JOAQUIN C  
STREET ADDRESS 7201 SW 5 ST.  
CITY-ST-ZIP PLANTATION FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE CFOD ☒ Change ☐ Addition  
NAME COWARD ROBERT  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☒ Change ☐ Addition  
NAME TARANCO JOAQUIN C  
STREET ADDRESS 7201 SW 5 ST.  
CITY-ST-ZIP PLANTATION FLTITLE ☐ 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:** BY: JAY A. Martus, Vice Pres. & Secy.

VP/S 04/27/2000