

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 603441**1. Entity Name
TARANCO & ASSOCIATES ANESTHESIOLOGY GROUP, INC.

Principal Place of Business	Mailing Address
4979 NORTH UNIVERSITY DRIVE, SUITE 28	4651 SHERIDAN ST., STE. 400
LAUDERHILL FL 33351	HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
1613 NORTH HARRISON PARKWAY, SUITE 200	1613 NORTH HARRISON PARKWAY, SUITE 200

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	FL	City & State	FL	4. FEI Number	Applied For
SUNRISE		SUNRISE		59-1395892	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33323		33323		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

MARTUS JAY A
4651 SHERIDAN ST., STE. 400

HOLLYWOOD FL 33021 US

7. Name and Address of New Registered Agent

Name
MARTUS JAY A
Street Address (P.O. Box Number is Not Acceptable)
1613 NORTH HARRISON PARKWAY, SUITE 200

City
SUNRISE FL Zip Code
33323

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 _____ DATE **02/23/2001**
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, 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	VPS	<input type="checkbox"/> Delete
NAME	MARTUS JAY A	
STREET ADDRESS	4651 SHERIDAN ST., STE. 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	COWARD ROBERT	
STREET ADDRESS	4651 SHERIDAN ST., STE. 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GOLD LEWIS	
STREET ADDRESS	4651 SHERIDAN ST., STE. 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EISENBERG MITCHELL	
STREET ADDRESS	4651 SHERIDAN ST., STE. 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TARANCO JOAQUIN C	
STREET ADDRESS	7201 SW 5 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTUS JAY A	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWARD ROBERT	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD LEWIS	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG MITCHELL	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
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: Jay A. Martus

VP 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)