

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90050 032 ***150.00

DOCUMENT # J61806

1. Entity Name

INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

NORTHSHORE
1100 N.W. 95TH STREET #126
MIAMI FL 33150

NORTHSHORE
1100 N.W. 95TH STREET #126
MIAMI FL 33150-2038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2816117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERT, LYNDALL
999 BRICKELL AVENUE
SUITE 555
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHOU, MICHAEL, MD	
STREET ADDRESS	1100 NW 95 ST #126	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VENDRYES, CHRIS MD	
STREET ADDRESS	1100 NW 95 ST #126	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FELDMAN, JEROME, MD	
STREET ADDRESS	1100 NW 95 ST #126	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

2/1/00 3058356196