

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J80841**

1. Entity Name

**SURGICAL PARK ANESTHESIA GROUP, P.A.****FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90094 031 \*\*\*158.75

0220697

|   |  |
|---|--|
| Principal Place of Business<br><b>9100 S.W. 87TH AVE.<br/>MIAMI FL 33176<br/>US</b> | Mailing Address<br><b>% RODNEY L. TEICHNER, M.D.<br/>8821 SW 102 ST<br/>MIAMI FL 33176</b> |
|---|--|

00005020



DO NOT WRITE IN THIS SPACE

|  |         |  |         |
|--|---------|--|---------|
| 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 <b>65-0016817</b>                                      |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |         | <b>\$8.75 Additional Fee Required</b>                  |         |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>TEICHNER, RODNEY L., M.D.<br/>8821 SW 102 ST<br/>MIAMI FL 33176</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>TEICHNER, RODNEY L.<br/>8821 SW 102 ST<br/>MIAMI FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>KRANIS, GERALD<br/>9100 SW 87TH AVE<br/>MIAMI FL</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>CONNOR, SETH<br/>9100 SW 97TH AVE<br/>MIAMI FL 33176</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)