

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07410

1. Entity Name

ANESTHESIA OF INDIAN RIVER, INC.

Principal Place of Business

699 17TH STREET, SUITE E2
VERO BEACH FL 32960

Mailing Address

699 17TH STREET, SUITE E2
VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0037808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FEGERT, FORD J.
817 BEACHLAND BLVD
VERO BEACH FL 32963

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FEGERT, VIRGINIA E., MD	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEETZE, RUSSELL L. M.D	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARION L., MD	
STREET ADDRESS	699 17TH STREET, E2	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MONUSZKO, EILEEN A MD	
STREET ADDRESS	699 17TH ST, STE E	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANN, CHRISTOPHER A.	
STREET ADDRESS	699 17TH ST, #E2	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, EDWARD H	
STREET ADDRESS	699 17TH ST E2	
CITY-ST-ZIP	VERO BCH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Brann, MD	
STREET ADDRESS	699 17th Sreet, Suite E	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald J. Portell, DO	
STREET ADDRESS	699 17th Street, Suite E	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald J. Portell, DO, President

3/26/01 (561) 778-9621

Date

Daytime Phone #

CR2E034 (10/00)

0085112

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90017 034 ***150.00