

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90080 038 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0037808**

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

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **BRANN, CHRISTOPHER MD**
STREET ADDRESS **699 17TH STREET, SUITE E**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Bounassi, MD**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **PD** ☐ Delete
NAME **PORTELL, DONALD J DO**
STREET ADDRESS **699 17TH STREET, SUITE E**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Change ☒ Addition
NAME **Virginia Fegert, MD**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **D** ☐ Delete
NAME **RICHARDSON, MARION L.,MD**
STREET ADDRESS **699 17TH STREET, E2**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Anita Honkanen**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **DST** ☐ Delete
NAME **MONUSZKO, EILEEN A MD**
STREET ADDRESS **699 17TH ST, STE E**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Change ☒ Addition
NAME **Russell Meetze, MD**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **PD** ☒ Delete
NAME **BRANN, CHRISTOPHER A.**
STREET ADDRESS **699 17TH ST, #E2**
CITY-ST-ZIP **VERO BCH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Jeffrey Myers, MD**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **D** ☐ Delete
NAME **KATZ, EDWARD H**
STREET ADDRESS **699 17TH ST E2**
CITY-ST-ZIP **VERO BCH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Geoffrey Wolf, MD**
STREET ADDRESS **699 17th Street, Suite E**
CITY-ST-ZIP **Vero Beach, FL 32960**

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
Donald J. Portell, DO, President

3/14/02

Date

(561) 778-9621

Daytime Phone #

CR2E034 (9/01)