

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90066 037 ***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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **BOUNASSI MD, MICHAEL**
STREET ADDRESS **699 17TH STREET STE 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/4/03

(772) 778-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Portell, DO, President

Date

Daytime Phone #

CR2E034 (10/02)