2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K96835 **DOCUMENT #**

1. Entity Name

ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.



Mar 05, 2003 8:00 am § Secretary of State **FILED**

03-05-2003 90028 030 ***150.00

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R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, broad or ordered name of registered agent agent with a application. FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NAME STREET ADDRESS CITY-ST-2P FITTLE 10. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FITTLE 10. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 17. ADDITIONS/CHANGES TO	PORT ST	LUCIE FL 3	14952										1~ ~ .		1	
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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:

SIGNING OFFICER OR DIRECTOR