2001 UNIFORM BUSINESS REPORT (UBR)

SAMUELS AND LAZAR ANESTHESIA, P.L. OI MAY ~ 3 PM I: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA SESTED TALLAHASSEE, FLORIDA SESTERATION OF STATE TALLAHASSEE, FLORIDA A FEI Number of Business Suits, Apr. 4, etc. DO NOT WRITTEN THIS SPACE DO NOT WRITTEN THIS SPACE DO NOT WRITTEN THIS SPACE A FEI Number of Space of State of Space of Country S. Certificate of States of States of Space of Country S. Certificate of States of States of States of Space of Country S. Certificate of States of New Registered Agent Name A FEI Number and Address of New Registered Agent Name TAMPA FL 33608 City FL Zip Coops Name City FL Zip Coops ADDITIONS/CHANGES DONE FILE NO MANAGEMENT AND ADDITIONS/CHANGES TARPA FL 33602 DONE STATE ADDITIONS/CHANGES OTHER TARPA FL 33602 DONE MANAGEMENT ADDITIONS CHANGES OTHER TARPA FL 33602 DONE MANAGEMENT ADDITIONS CHANGES OTHER TARPA FL 33602 DONE STATE ADDITIONS CHANGES OTHER TARPA FL 33602 DONE STATE ADDITIONS						<u>-</u>	•			
SAMUELS AND LAZAR ANESTHESIA, P.L. O! MAY - 3 PM : 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA SIZE SAN JOSÉ STREET TAMPA R. 3028 Z. Principal Place of Business Suits, Apt. 4, etc. City 4 State City 5 State City 5 State City 6 State	1. Entity Name						FILE	D		
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Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Application of Status Desired	IAMEA EL S	UC.25	TABLES FL 03020				+		1 27 27 2 12 13 13 2 2	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	104150	AMEO D			Name	-	. ~			
City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its aguistance office or registered agent, or both, in the State of Florida. SiGNATURE Squarks, typed or ormal name at registered agent and title a sociotion. PILE IN WILL FEE IS \$50.00 Make Check Pa SAMUELS, DAVID J M.D. TREE ALORESS 5121 SAN JOSE STREET TAMPA FL 33602 TITLE MORE ADDITIONS/CHANGES TITLE NAME SIREST ADDRESS OUTY-ST-ZIP TITLE NAME SIREST ADRESS OUTY-ST-ZIP TITLE NAME SIREST ADDRESS OUTY-ST-ZIP TITLE NA	·				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature	TAMPA FL 33606									
Signature Typed or printed name of registered agent and 15te if approache. NOTE Registered Agent equivature required when reinstating) DATE					City		·	Zip Cod	е	
Symatrie, sport or printed name of registered agent and tilled appricable (NOTE Registered Appets Expressive organization) DATE	3. The above	named entity submits this stateme	ent for the purpose of changing It	ts egistere	ed office or re	gistered agent, o	or both, in the State of Florida.			
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 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 	1. I hereby c	ertify that the information supplied	with this filing does not qualify for	or he exer	nption stated	in Section 119.0	7(3)(i), Florida Statutes. I further o	certify that the ir	nformation	

813 282-0281 Daytime Phone #

Date