

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002549

1. Entity Name
SAMUELS AND LAZAR ANESTHESIA, P.L.

Principal Place of Business

5121 SAN JOSE STREET
TAMPA FL 33629

Mailing Address

5121 SAN JOSE STREET
TAMPA FL 33629

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 59-3542798

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA FL 33606

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME SAMUELS, DAVID J M.D.
STREET ADDRESS 5121 SAN JOSE STREET
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME LAZAR, MARK U M.D.
STREET ADDRESS 909 HARBOUR BAY DRIVE
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David J. Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813/282-0281

FILED
01 MAY -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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