

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005560

1. Entity Name
SOUTH PALM BEACH ANESTHESIOLOGY, PL

Principal Place of Business
6234 N.W. 23RD TERRACE
BOCA RATON FL 33496-3615

Mailing Address
6234 N.W. 23RD TERRACE
BOCA RATON FL 33496-3615

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 65-0956412

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

RITTER, DAVID
6234 N.W. 23RD TERRACE
BOCA RATON FL 33496-3615

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 _____ (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 NAME	MGRM WARHEIT, PETER S	<input type="checkbox"/> Delete
STREET ADDRESS	3296 N.W. 60TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	MGRM KEUSCH, DONALD J	<input type="checkbox"/> Delete
STREET ADDRESS	781 N.E. 37TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	MGRM VERTKIN, GENE	<input type="checkbox"/> Delete
STREET ADDRESS	6600 DUCKWOOD ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE NAME	MGRM RITTER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	6234 N.W. 23RD TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	MGRM BUSCH, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS	1734 VESTAL WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	MANAGING MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	33496	
TITLE NAME	MANAGING MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	33431	
TITLE NAME	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300003223113--4	
CITY-ST-ZIP	-04/25/00--01057--014	
	*****50.00 *****50.00	
TITLE NAME	MEMBER, REGISTERED AGENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	33496	
TITLE NAME	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	33071	
TITLE NAME	MEMBER (3) (3 new members)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ANTHONY SALVADORE 755 NE 32 Street, Boca Raton, FL 33431	
CITY-ST-ZIP	PHILIP ZWIEBEL 4475 NW 27 Avenue, Boca Raton, FL 33434	
	STEWART GREENBERG 7210 Aryshire Lane, Boca Raton, FL 33496	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED
00 APR 11 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)