

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039281

1. Entity Name

ROSADO ANESTHESIA SERVICES INC.

Principal Place of Business

7501 ULMERTON ROAD APT. 2025  
LARGO FL 33771

Mailing Address

7501 ULMERTON ROAD APT. 2025  
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

3665 East Bay Dr.  
PMB 274 Ste 204

Suite, Apt. #, etc.

PMB 274

Suite, Apt. #, etc.

Ste 204

City & State

Largo FL

Zip

33771-1965

Country

Pinellas

4. FEI Number

59-3641088

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSADO, SANDRA M  
7501 ULMERTON ROAD APT. 2025  
LARGO FL 33771

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSADO, SANDRA M 7501 ULMERTON ROAD APT. 2025 LARGO FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Sandra M. Rosado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (727) 416-6223

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

2001

FILED  
Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90041 045 \*\*\*150.00