

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90008 001 \*\*\*150.00

0462208 AV

**DOCUMENT # P00000039281**

1. Entity Name

**ROSADO ANESTHESIA SERVICES INC.**

Principal Place of Business

**7501 ULMERTON ROAD APT. 2025  
 LARGO FL 33771**

Mailing Address

**3665 EAST BAY DRIVE  
 STE 204 PMB 274  
 LARGO FL 33771-1965**

2. Principal Place of Business

**6460 Shoreline Dr**

3. Mailing Address

**3665 East Bay Dr**

Suite, Apt. #, etc.

**#9103**

Suite, Apt. #, etc.

**Ste 204 PMB 274**

City & State

**St Petersburg FL**

City & State

**Largo FL**

Zip

**33708**

Country

**Samuel**

Zip

**33708**

Country

**Pineallas**

4. FEI Number

**59-3641038**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Rosado Sandra M**

Street Address (P.O. Box Number is Not Acceptable)

**6460 Shoreline Dr**

**#9103**

City

**St. Petersburg**

**FL**

Zip Code

**33708**

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

**Sandra M Rosado**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/23/02**

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, 2002 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

TITLE **PD**  
 NAME **ROSADO, SANDRA M**  
 STREET ADDRESS **7501 ULMERTON ROAD APT. 2025**  
 CITY-ST-ZIP **LARGO FL 33771**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
 NAME **Sandra M Rosado**  
 STREET ADDRESS **3665 East Bay Dr #9103**  
 CITY-ST-ZIP **St Petersburg FL 33708**

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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**

**Sandra M Rosado**

**President 1/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone # **727-445-6223**

CR2E034 (9/01)