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Sep 08, 2003 8:00 am
Secretary of State
08-11-2003 90286 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039281

55056060

1. Entity Name
ROSADO ANESTHESIA SERVICES INC.

Principal Place of Business	Mailing Address
6450 SHORELINE DR #9103 SAINT PETERSBURG FL 33708	3665 EAST BAY DRIVE STE 204 PMB 274 LARGO FL 33771

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 204 PMB #274
City & State	City & State Largo, Fla
Zip / Country	Zip 33771 / Country

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	7. Name and Address of New Registered Agent
ROSADO, SANDRA M 6450 SHORELINE DR #9103 SAINT PETERSBURG FL 33708	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra M Rosado 8/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSADO, SANDRA M 3665 EAST BAY DR #9103 SAINT PETERSBURG FL 33708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES DIR Rosado Sandra M 3665 E Bay Dr PMB #274 Largo, FL 33771 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Director ROSADO, SANDRA 3665 EAST BAY DRIVE #204 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LARGO, FL 33771 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E084 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

SORRY FOR THE MESSY HANDWRITING.

Attachment
55056000
[redacted]
FP0000003981

Aug 6, 2003

To Whom It May Concern

I just received this form today 8/6/2003 due to the form being sent to an incorrect address. I apologize profusely that this incorrect address was not detected earlier. Enclosed is my check for $760.00 for my filing fee. Thank you for your time.

Sincerely,
Sandra M. Rosado
President of
Rosado Appellate
Services