

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90141 022 \*\*\*150.00

**DOCUMENT # P00000052369**

1. Entity Name  
**EMERSON ANESTHESIA SERVICES, P.A.**

Principal Place of Business      Mailing Address  
**4545 EMERSON ST.**      **4545 EMERSON ST.**  
**EXPRESSWAY FL 32207**      **EXPRESSWAY FL 32207**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**JACKSONVILLE, FL**      **JACKSONVILLE, FL**  
 Zip      Country      Zip      Country

4. FEI Number **59-3649520**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**C0017979**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**AKEL, EDWARD C**  
**1 INDEPENDENT DR., SUITE 2301**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 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 *Edward G. DeMiranda M.D.*  
**Edward G. DeMiranda M.D.**      DATE **2/2/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEMIRANDA, EDWARD G</b> <b>4545 EMERSON ST.</b> <b>EXPRESSWAY FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward G. DeMiranda* **Edward G. DeMiranda, Director**      Date **2/2/01**      Daytime Phone # **(904) 399-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)