

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90159 010 ***150.00

DOCUMENT # P00000052369

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



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

Mailing Address
**4545 EMERSON ST.
EXPRESSWAY FL 32207**

2. Principal Place of Business
4545 Emerson St Expressway
Suite, Apt. #, etc.

3. Mailing Address
4545 Emerson St Expressway
Suite, Apt. #, etc.

City & State
Jacksonville, FL 32207
Country

City & State
Jacksonville, FL 32207
Country

4. FEI Number
59-3649520

Applied For
Not Applicable

5. Certificate of Status: Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

EDWARD G. DEMIRANDA, DIRECTOR
Edward G. DeMiranda M.D.

3/24/03 399-2600
Daytime Phone #

CR2E034 (10/02)