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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4545 Emerson St Expressway	4545 Emerson St Expressway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country:	Zip: 32207 Country:

4. FEI Number 59-3649520 ☐ 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
AKEL, EDWARD C 1 INDEPENDENT DR., SUITE 2301 JACKSONVILLE FL 32202	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMIRANDA, EDWARD G 4545 EMERSON STREET EXPRESSWAY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: E. DeMiranda M.D. EDWARD G. DEMIRANDA, DIRECTOR 3/24/03 (904) 399-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Edward G. DeMiranda M.D.** Daytime Phone #