

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 007 ***150.00

DOCUMENT # P00000055804

1. Entity Name

SHERIDAN ANESTHESIA SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 9343
 CORAL SPRINGS FL 33075

Mailing Address

POST OFFICE BOX 9343
 CORAL SPRINGS FL 33075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1946
 1946

3. Mailing Address

P.O. Box 1946
 1946

City & State

Homosassa Springs, FL

City & State

Homosassa Springs, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34447

Country

USA

Zip

34447

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERIDAN, PATRICIA
 950 POWERLINE #13
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name: SHERIDAN, Patricia
 Street Address (P.O. Box Number is Not Acceptable): 21 Anton Court
 APT U
 City: Homosassa FL Zip Code: 34446

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: [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 23, 2002

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: PCEO
 NAME: SHERIDAN, PATRICIA
 STREET ADDRESS: P O BOX 9343
 CITY-ST-ZIP: CORAL SPRINGS FL 33075 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: P.O. Box 1946
 CITY-ST-ZIP: Homosassa Springs, FL 34447

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration Date

April 23, 2002

888-202-0076

Attachment
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SHERIDAN ANESTHESIA SERVICES, INC.

**P.O. BOX 1946
HOMOSASSA SPRINGS, FL 34447
(888) 202-0076**

TO: Uniform Business Report Filings

From: Patricia Sheridan

Re: 2002 Uniform Business Report

Date: June 19, 2002

Dear Sir/ Madam,

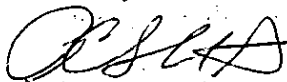
As per my conversation with Michelle, I am sending you this letter along with another check for \$150 and a copy of my 2002 Uniform Business Report Filing.

I sent the original filing along with a check back on April 23, 2002. According to your records no record of previous filings were received and as of today my check has not cleared my bank.

I am asking that you waive the late fee and accept my payment of \$150 for the 2002 Filing.

If I can be of any assistance, please feel free to contact me. Your help is greatly appreciated.

Thank you,



Patricia Sheridan

anesbabe@yahoo.com