

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90088 032 ***150.00

DOCUMENT # P00000056290

1. Entity Name
ANESTHESIA AND CRITICAL CARE SPECIALISTS OF PALM BEACH, P.A.

Principal Place of Business

~~12973 CALAIS CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~

Mailing Address

12973 CALAIS CIRCLE
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3540 Palm Dr
 Suite, Apt. #, etc.

3. Mailing Address

3540 Palm Dr
 Suite, Apt. #, etc.

City & State

Riviera Bch, FL

City & State

Riviera Bch, FL

Zip
 33404

Country
 USA

Zip
 33404

Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

743-03-1395X
 APPLIED FOR

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANE, JEFFREY P
 4800 RIVERSIDE DRIVE
 SUITE 101
 PALM BEACH GARDENS FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME MARTINEZ, RICARDO L
STREET ADDRESS 11691 STONEHAVEN WAY
CITY-ST-ZIP WEST PALM BEACH FL 33412

☒ Delete

TITLE VD
NAME ARCHILLA, CARLOS A
STREET ADDRESS 12973 CALAIS CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☒ Delete

TITLE PD
NAME GRINBERG, FRANCISCO
STREET ADDRESS 218 MERRAIN ROAD
CITY-ST-ZIP PALM BEACH FL 33480

☐ Delete

TITLE VD
NAME BELL, ELIJAH J
STREET ADDRESS 1369 11 STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE SD/TP
NAME PEASE, SONYA M
STREET ADDRESS 3540 PALM DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone

CR2E034 (9/01)