AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061536

1. Entity Name

ANESTHESIA SPECIALIST SALES & Service, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 3:20

Principal Place of Business	Mailing Address
1096 West 42nd Place Hialeah, Florida 33012	P.O. Box 161089 Hialeah, Florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 651044592 ☐ 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
Rafael A. Almodovar 1096 West 42nd Place Hialeah, Florida 33012	Name: Nancy Almodovar Street Address (P.O. Box Number is Not Acceptable): 1096 West 42nd Place City: Hialeah FL Zip Code: 33012

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: Nancy Almodovar — 11/01/01
Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Nancy Almodovar

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rafael A. Almodovar 1096 West 42nd Place ~~Hialeah, Florida 33012~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Secretary, xTreasurer, Director Nancy Almodovar 1096 West 42nd Place Hialeah, Florida 33012 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004711133--8 -12/06/01--01026--008 *****61.25 *****61.25
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: 11/1/01 305-821 1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAFAEL A. ALMODOVAR