

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90435 013 ***150.00

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DOCUMENT # P00000111517

1. Entity Name

ANESTHESIA ASSOCIATES OF SOUTHERN OHIO, INC.



Principal Place of Business

**ANESTHESIE DEPT
1805 27TH ST
PORTSMOUTH OH 45662**

Mailing Address

**300 NW 5TH STREET SUITE 312
OKEECHOBEE FL 34972**

2. Principal Place of Business

4362 Northlake Blvd

3. Mailing Address

P.O. Box 85057

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

San Diego, CA

Zip

33410

Country

USA

Zip

92186-5057

Country

USA

4. FEI Number

65-1070024

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

**COEL, MARK A ESQ
2700 SOUTH COMMERCE PARKWAY
SUITE 305
WESTON FL 33331-0000**

7. Name and Address of New Registered Agent

Name

Coel, Mark A.

Street Address (P.O. Box Number is Not Acceptable)

33 Southeast 8th Street

Suite 400

City

Boca Raton

FL

Zip Code

33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **STIEFEL, ROBERT A MD**
STREET ADDRESS **6575 NW 33RD AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VPD** ☐ Delete
NAME **ALVAREZ, RAMON MD**
STREET ADDRESS **8858 STEEPLECHASE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **STD** ☐ Delete
NAME **LEVINE, MARC MD**
STREET ADDRESS **3500 SW CENTRE CT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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: Robert Stiefel, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2003

Date

Daytime Phone #

CR2E034 (10/02)