

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000005187**

1. Entity Name

Professional Anesthesia, Inc.

FILED

03 JAN 10 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4020 Galt Ocean Dr.

3. Mailing Address
4020 Galt Ocean Dr.

Suite, Apt. #, etc.
#1501

Suite, Apt. #, etc.
#1501

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
593696811

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
33308

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **David Wenniger**

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

4020 Galt Ocean Dr. #1501

City **Ft. Lauderdale**

FL

Zip Code
33308

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

David Wenniger

David Wenniger, Pres.

12/30/2002

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**David Wenniger Pres.
4020 Galt Ocean Dr. #1501
Ft. Lauderdale, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000010133170
01/15/03--01069--003 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Wenniger

David Wenniger, Pres 1/01/2003

954-448-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2/1/13

Attachment

PROFESSIONAL ANESTHESIA, INC.
4020 Galt Ocean Drive Apt 1501
Fort Lauderdale, FL 33308

December 30th, 2002

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: PROFESSIONAL ANESTHESIA, INC.
DOCUMENT#: P01000005187

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Wenniger David

WD/re



Mr. David Weninger
Apt 1501
4020 Galt Ocean Dr
Ft Lauderdale, FL 33308

