

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017988

1. Entity Name
MAXIM ANESTHESIA SERVICES, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

07-28-2002 90199 042 ***550.00

42628

Principal Place of Business
1133 BAL HARBOR BLVD #1139-221
PUNTA GORDA FL 33950

Mailing Address
1133 BAL HARBOR BLVD #1139-221
PUNTA GORDA FL 33950

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

65-1078878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, BRIAN
1133 BAL HARBOR BLVD #1139-221
PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	BRIAN T. SIMMONS	1133 BAL HARBOR BLVD #1139-221	PUNTA GORDA, FL 33950
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

991-286-5058

CR2E034 (4/02)