

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90044 018 \*\*\*150.00

**DOCUMENT # P01000020196**

1. Entity Name

**MASON ANESTHESIA SERVICES, INC.**

Principal Place of Business

**3810-4 WILLIAMSBURG PARK BLVD.  
JACKSONVILLE FL 32257**

Mailing Address

**P. O. BOX 56315  
JACKSONVILLE FL 32241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**593703238**

Applied For

Not Applicable

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

Fee Required

6. Name and Address of Current Registered Agent

**BLAIR, LANDEN R**  
**3810-4 WILLIAMSBURG PARK BLVD.**  
**JACKSONVILLE FL 32257**

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

**0** ☐ Delete  
**MASON, STEPHANIE**  
**3810-4 WILLIAMSBURG PARK BLVD.**  
**JACKSONVILLE FL 32257**

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition  
 TITLE  
 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)