

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90352 024 ***150.00

DOCUMENT # P01000024314

1. Entity Name

Ramsey Anesthesia Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

803 Puckett Rd

Suite, Apt. #, etc.

3. Mailing Address

803 Puckett Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Perry FL

City & State

Perry FL

4. FEI Number

59-3714472

Applied For

Not Applicable

Zip

32348

Country

Taylor

Zip

32348

Country

Taylor

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Landen R Blair

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

3810-4 Williamsburg Park BLVD

City

Jacksonville

FL

Zip Code
32257

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 reappointing)

(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**

D

Jean Ramsey
803 Puckett Rd
Perry FL 32348

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

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**DO NOT WRITE
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)(c), 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:

Jean Ramsey

Jean Ramsey

June 28, 2002

850-838-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR20345 (12/01)

Attached
#PO000024314
118777

June 22, 2002

MEMORANDUM

TO: Uniform Business Report
FROM: - Ramsey Anesthesia Services, Inc.
RE: Annual UBR

I just found out from your office that the annual UBR form (and, probably the second notice) was sent to P O Box 56315, Jacksonville, Florida. I believe that is the address of the agency that did the incorporating for my wife, Jean. Anyway, we were not aware that this had to be done by May 1 each year. In fact, I just found out, today, that an annual report has to be filed.

I am taking care of this for Jean, who has the anesthesia services. She had to leave her work at Clearwater, Florida, last month to go to Little Rock, Arkansas to take care of our son who has multiple myeloma cancer.

Please accept my check for \$150.00. This will not be late in the future. Thank you for your consideration.