

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90033 007 \*\*\*150.00  
 07-28-2002 90175 045 \*\*\*550.00

**DOCUMENT # P01000038835**

Entity Name  
**OUTPATIENT ANESTHESIA SERVICES, P.A.**

Principal Place of Business  
**5305 GREENWOOD AVENUE  
 SUITE 101  
 WEST PALM BEACH FL 33407**

Mailing Address  
**5305 GREENWOOD AVENUE  
 SUITE 101  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business  
**Northpoint Surgery & Laser Center**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**200 Northpoint Parkway**

Suite, Apt. #, etc.  
**West Palm Beach**

City & State  
**West Palm Beach**

City & State  
**West Palm Beach**

Zip  
**33407**

Country  
**USA**

Zip  
**33407**

Country  
**USA**

4. FEI Number  
**592750941**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GILDAN, PHILLIP C ESQ.  
 C/O GREENBERG TRAUIG, P.A.  
 777 S. FLAGLER DRIVE, SUITE 300-EAST  
 WEST PALM BEACH FL 33401**

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. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	REGENBAUM, SHELDON M.D.	5305 GREENWOOD AVENUE SUITE 101	WEST PALM BEACH FL 33407	<input type="checkbox"/>
D	CHAITOFF, KEVIN M.D.	5305 GREENWOOD AVENUE SUITE 101	WEST PALM BEACH FL 33407	<input type="checkbox"/>
D	COONEY, JOHN M.D.	5305 GREENWOOD AVENUE SUITE 101	WEST PALM BEACH FL 33407	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

7/19/02 . 561-615-0110

CR2E034 (4/02)