

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90129 015 ***150.00

0657566 AT

DOCUMENT # P01000073797

1. Entity Name
PALM BEACH ANESTHESIA PARTNERS, INC.



Principal Place of Business
**4362 NORTHLAKE BLVD., STE. 207
PALM BEACH GARDENS FL 33410**

Mailing Address
**C/O TEAM HEALTH ANESTHESIA MGMT. SERVICES
3626 RUFFIN ROAD
SAN DIEGO CA 92123**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1125584**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COEL, MARK A ESQ.
33 S.E. 8TH STREET, #400
BOCA RATON FL 33432**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDFINGER, DAVID M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUCHIAK, ANDRES M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RONALD M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, GLENNON A M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RAMON M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RICARDO L M.D. 4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Goldfinger, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1803

Date

Daytime Phone #

CP2E034 (10/02)



*Anesthesia
Management Services*

Attachment DO# P01000073797
80094736

TEAM HEALTH
ANESTHESIA MANAGEMENT SERVICES

mail: P.O. Box 85057 • San Diego, CA 92186-5057
office: 3626 Ruffin Road • San Diego, CA 92123-1810
phone: 858.277.4767 • fax: 858.565.9441

Via U.S. Mail

April 23, 2003

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report

Dear Sir/Madame:

Enclosed for filing, please find each of the following documents:

1. A 2003 Uniform Business Report for Palm Beach Anesthesia Partners, Inc. ("PBAP"); and
2. Check number 100172, in the amount of \$150.00, to cover all costs associated with the filing of PBAP's UBR.

Should you have any questions or concerns regarding the enclosed, please do not hesitate to call me at (858) 495-2034.

Very truly yours,

Ryon C. Terry
Corporate Paralegal
Team Health Anesthesia Management Services Legal Department

Enclosures