2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1133 BAL HARBOR BLVD., SUITE 1139

P01000075062 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1133 BAL HARBOR BLVD., SUITE 1139

FOUR LEAF ANESTHESIA SERVICES, INC.



Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90145 041 ***150.00

(ALTONIA)
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	A FL 33950		PUNTA GORDA FL 33950								
2. Principal P 3(68	Place of Bysin	ha Cieclé	3. Mailing Address	-		1 1941198	1 371 00 601 37041 60 411	9 8 711 89 111 89 111	IEBBI BISII DBSID	CISID 1505 1651	
Suite, Apt.	#, etc.	. * ~ .	Suite, Apt. #, etc.		4-1	ي	CHECK HER	E IF MAKINO	G CHANGES		
City & Stat	105	PL	City & State		4.	FEI Number	65-112743	4		oplied For ot Applicable	
34109 ULA				Country	5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				ditional d	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
NOVED ED MOULE											
MCKEEVER, MICHAEL					Address (P.O. I	Box Number	is Not Acceptab	ile)			
1133 BAL	HARBOR B	BLVD., SUITE 1139		000		DOX 110/11DOI		,,,,			
PUNTA GO	ORDA FL 33	3950									
				City					7:- 01	_	
				City				FL	Zip Cod	e	
8. The above the obligat	named entity	submits this statement for ered agent.	the purpose of changing its	registered office	or registered ag	gent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed	LL ZWKuur or printed name of registered agent ar	Michael :	T. M'KEL		reinstating)		1/2 DATE	1/03		
	H.C. NOWIN	L FEE 10 6450.00	3								
***		FEE IS \$150.00		- د مید - بسین		9. Elec	tion Campaign F	inancing	\$5.0	May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trus	t Fund Contribut	ion. [to Fees	
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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.

112103

239-593-3752