

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 044 ***150.00

DOCUMENT # *P01000083995*

1. Entity Name

Shoreline Anesthesia Services

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 S. GARCON POINT RD

Suite, Apt. #, etc.

3. Mailing Address

208 S. GARCON POINT RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MILTON FL

City & State

MILTON, FL

4. FEI Number

59-3740639

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STACY L. BRYAN

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

208 S. GARCON POINT ROAD

City

MILTON

FL

Zip Code

32583

**DO NOT WRITE
IN THIS SPACE**

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

Stacy L. Bryan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/23/02

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
*PRESIDENT
STACY L. BRYAN
208 S. GARCON POINT ROAD
MILTON FL 32583*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*DIRECTOR
KATHERINE B. GREEN
208 S. GARCON POINT ROAD
MILTON FL 32583*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

850-983-2007

Daytime Phone #

CR2E034B (12/01)