


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-10-2003 90117 042 ***150.00

DOCUMENT # P02000056394	
1. Entity Name WILLENS ANESTHESIA SERVICES, INC.	

Principal Place of Business 4131 S UNIVERSITY BLVD. STE 11 JACKSONVILLE FL 32216	Mailing Address 4131 S UNIVERSITY BLVD. STE 11 JACKSONVILLE FL 32216
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0687367		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TILLEY, STEPHEN E 4206 BAYMEADOWS RD JACKSONVILLE FL 32217		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLENS, MICHAEL 4131 S UNIVERSITY BLVD, STE 11 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE:  **3-7-03** (904) 636-9206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)