

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90074 002 ***150.00

DOCUMENT # P93000008329

1. Entity Name

SOUTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

**7174 SW 47TH STREET
 MIAMI FL 33155
 US**

**P.O. BOX 144070
 CORAL GABLES FL 33114-4070**

710349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4868 SW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0419919

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

US

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

**ENRIQUE, MURCIANO
 361 LOS PINOS PLACE
 CORAL GABLES FL 33143**

Name

Enrique Murciano

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

430 Grand Bay Drive

City

Apt 401

City

Key Biscayne

FL

Zip Code

33149

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/30/00

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANNIS, PAUL	
STREET ADDRESS	7174 SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JAMES H	
STREET ADDRESS	7174 SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOYAJAIN, GEOFFREY J	
STREET ADDRESS	7174 SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MURCIANO, ENRIQUE	
STREET ADDRESS	7174 SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murciano, Enrique	
STREET ADDRESS	4868 SW 72nd Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

305-662-2925

Daytime Phone #

CR2E034 (10/00)