2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90040 001 ***150.00

DOCUMENT # P93000052220

1. Entity Name

CONTINENTAL ANESTHESIA SERVICES, P.A.

Principal Place of Business	Mailing Address
1321 N.W. 14TH ST. STE. #603 MIAMI FL 33125 US	1321 N.W. 14TH ST. STE. #603 MIAMI FL 33125-1655 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: DEPT. OF ANESTHESIA - CEDARS MED. CENTER
Suite, Apt. #, etc.
City & State: 1400 NW 12 AVE.
Zip / Country: MIAMI, FL 33136

3. Mailing Address: Same as in #2
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 65-0457386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, JAY R.
2838 BRICKELL AVE.
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name: SCOTT EBER
Street Address (P.O. Box Number is Not Acceptable): 555 NE 34 ST. #601
City: MIAMI, FL 33137
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.

SIGNATURE: [signature] SCOTT EBER MD TREASURER 1/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 13	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GROSSMAN, JAY R. 2838 BRICKELL AVE MIAMI	☐ Delete	President GUILLERMO TABLADA 10300 SW 16 ST. Miami FL 33165	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMSON, RONALD L MD 4181 MALAGA AVE. COCONUT GROVE FL	☒ Delete	SECRETARY OSVALDO VALDES 15551 SW 54 TERR. MIAMI, FL 33185	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TABLADA GUILLERMO, ~~TAELADA~~ MD 10300 S.W. 16 ST. MIAMI FL 33165	☐ Delete	TREASURER SCOTT EBER 555 NE 34 ST. #601 Miami FL 33137	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CZINN, EDWARD MD 3300 HOLLYWOOD OAKS DR. FORT LAUDERDALE FL 33312	☐ Delete	DIRECTOR EDWARD CZINN 3300 Hollywood Oaks Dr. ~~Ft~~ Lauderdale, FL 33312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANGEL, JOSE F MD 251 CRANDON BLVD. STE. #435 KEY BISCAYNE FL 33149	☐ Delete	DIRECTOR JAY GROSSMAN 2838 BRICKELL AVE MIAMI, FL 33129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	JOSE ANGEL - DIRECTOR 251 CRANDON BLVD, #435 KEY BISCAYNE, FL 33149	☐ Change ☑ Addition

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] SCOTT EBER MD TREASURER 1/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #