

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052220

1. Entity Name

CONTINENTAL ANESTHESIA SERVICES, P.A.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90126 003 ***150.00

80033098



DO NOT WRITE IN THIS SPACE

Principal Place of Business
DEPT OF ANESTHESIA CEDARS MED CTR
1400 NW 12 AVE
MIAMI FL 33136
US

Mailing Address
DEPT OF ANESTHESIA CEDARS MED CTR
1400 NW 12 AVE
MIAMI FL 33136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0457386

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EBOR, SCOTT
555 NE 34 ST 601
MIAMI FL 33137

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.

SIGNATURE

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GUILLERMO, TABLAK TABLADA, Guillermo	10300 SW 16ST	MIAMI FL 33165	<input type="checkbox"/>
S	VALDES, OSVALDO	15551 SW 54 TERR	MIAMI FL 33185	<input type="checkbox"/>
T	EBOR, SCOTT	555 NE 34 ST 601	MIAMI FL 33165	<input type="checkbox"/>
D	CZINN, EDWARD	3300 HOLLYWOOD OAKS DR.	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
D	GROSSMAN, JAY	2838 BRICKELL AVE	MIAMI FL 33129	<input checked="" type="checkbox"/>
D	ANGEL, JOE	251 CRANDON BLVD 435	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)