

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

0218212 AV

**DOCUMENT # P93000052220**

1. Entity Name

**CONTINENTAL ANESTHESIA SERVICES, P.A.**

01-21-2002 90053 007 \*\*\*150.00

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

**EBER, 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, 2002 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 ☐ Delete  
**P**  
**TABLADA, GUILLERMO**  
**10300 SW 18ST**  
**MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**S**  
**VALDES, OSVALDO**  
**15551 SW 54 TERR**  
**MIAMI FL 33185**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**EBER, SCOTT**  
**555 NE 34 ST 601**  
**MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**D**  
**CZINN, EDWARD**  
**3300 HOLLYWOOD OAKS DR.**  
**FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)