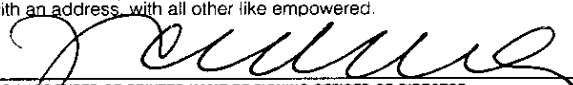


2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90958 050 ***150.00

DOCUMENT # RA3000054846
1. Entity Name
The Anesthesia Group of Sarasota, P.A.**Principal Place of Business**
3920 Bee Ridge Road
Bldg A Suite B
Sarasota, FL 34233
Mailing Address
3920 Bee Ridge Rd
Bldg A Suite B
Sarasota, FL
34233**2. Principal Place of Business**
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country**A0061060**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0522437
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
Blau, Kenneth
3920 Bee Ridge Road
Bldg A Suite B
Sarasota, FL 34233
7. Name and Address of New Registered Agent
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, 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 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP Blau, Kenneth 3920 Bee Ridge Rd Bldg A Suite B Sarasota, FL 34233
DU Kozma, George 3920 Bee Ridge Rd Bldg A Suite B Sarasota, FL 34233
DSOT Wang, Janice 3920 Bee Ridge Rd Bldg A Suite B Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE 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
Date 941-927-0882
Daytime Phone #

CR2E034 (9/99)