FILED
Jul 02, 2002 8:00 am
Secretary of State
05-13-2002 90091 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p93000054846

1. Entity Name
The Anesthesia Group of Sarasota, P.A.

DO NOT WRITE IN THIS SPACE

- 37341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3920 Bee Ridge Rd.	3920 Bee Ridge Rd.
Suite, Apt. #, etc. Building A, Suite B	Suite, Apt. #, etc. Building A, Suite B
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34233 Country US	Zip 34233 Country US

4. FEI Number 65-0522437 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Blau, Kenneth

Street Address (P.O. Box Number is Not Acceptable)
3920 Bee Ridge Road
Building A, Suite B

City Sarasota **FL** Zip Code 34233

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	Blau, Kenneth
STREET ADDRESS	3920 Bee Ridge Rd. Bld A, Ste B.
CITY-ST-ZIP	Sarasota, FL 34233
TITLE	DV
NAME	Kozma, George
STREET ADDRESS	3920 Bee Ridge Rd, Bld A, Ste B
CITY-ST-ZIP	Sarasota, FL 34233
TITLE	DSDT
NAME	Wang, Janice
STREET ADDRESS	3920 Bee Ridge Rd, Bld A, Ste B
CITY-ST-ZIP	Sarasota, FL 34233
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/22/02 941-927-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #