

2000 REINSTATEMENT

1 of 2

DOCUMENT # P93 000060900

1. Entity Name
MEADOWS ANESTHESIA SERVICE, P.A.

FILED

00 DEC 29 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 569208 Arbor Club Way Boca Raton, Florida 33433		Mailing Address 569208 Arbor Club Way Boca Raton, Florida 33433	
2. Principal Place of Business P.O. Box 499 Suite, Apt. #, etc.		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite #3000	
City & State Deerfield Beach, Florida		City & State Miami, Florida	
Zip 33441	Country	Zip 33131	Country

REINSTATEMENT 2000

6. Name and Address of Current Registered Agent

Intrastate Registered Agent Corporation
701 Brickell Avenue
Ste. #3000
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
000003582460
01/26/01-0149-011036
****750.00 ****750.00
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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE *[Signature]* 12/23/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
BY: STEVEN H. HAGEN, VICE PRESIDENT 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 \$500.00
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	PC RONALD S. WEISBERG 569208 ARBOR CLUB WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD S. WEISBERG, M.D., P.A. 5410 GRAND PARK PLACE BOCA RATON, FLORIDA 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLAN FRANKLE 569208 ARBOR CLUB WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLAN FRANKLE, M.D. 1123 BEL AIRE DRIVE HIGHLAND BEACH, FLORIDA 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYMOND C. CASTENHOLZ, M.D. 1382 S.W. 13TH PLACE BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYMOND C. CASTENHOLZ, M.D. 1400 S.E. 14TH DRIVE DEERFIELD BEACH, FLORIDA 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFREDO RAMOS 569208 ARBOR CLUB WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALFREDO I. RAMOS, M.D., P.A. 7064 N.W. 66TH TERRACE PARKLAND, FLORIDA 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDO GARCIA-DORTA 569208 ARBOR CLUB WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDO GARCIA-DORTA, M.D., P.A. 801 N.E. 75th STREET BOCA RATON, FLORIDA 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEORGE R. LUCK, M.D. 569208 ARBOR CLUB WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEORGE R. LUCK, M.D. 2930 N.W. 28TH TERRACE BOCA RATON, FLORIDA 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* 12/20/00 561395 7100 4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ADDENDUM TO
 REINSTATEMENT/AMENDMENTS TO 2000 UNIFORM BUSINESS REPORT
 FOR
MEADOWS ANESTHESIA SERVICE, P.A.
 Document #P9300000060900

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVEN MILSTEIN, M.D. 6599 N.W. 33 RD AVENUE BOCA RATON, FLORIDA 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOTT LEVIN, M.D., P.A. 12600 YARDLEY DRIVE BOCA RATON, FLORIDA 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JON SCHAUER, M.D., P.A. 1100 TAMARIND WAY BOCA RATON, FLORIDA 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID FOGEL, M.D. 21311 FALLS RIDGE WAY BOCA RATON, FLORIDA 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition