

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 049 ***150.00

DOCUMENT # P93000060900

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

Principal Place of Business P.O. BOX 499 DEERFIELD BEACH, FL 33441	Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FLORIDA 33131
2. Principal Place of Business 40 N.E. SECOND AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DEERFIELD BEACH, FLORIDA	City & State Miami, FL
Zip 33441	Country

U B R

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 Brickell Ave., Ste. 3000 Miami, Florida 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISBERG, RONALD S. MD, PA 5410 GRAND PARK PLACE BOCA RATON, FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGEL, DAVID M.D. P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLE, ALLAN M.D. 1123 BEL AIRE DRIVE HIGHLAND BEACH, FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLE, ALLAN M.D. P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTENHOLZ, RAYMOND C M.D. 1400 S.E. 14TH DRIVE DEERFIELD BEACH, FLORIDA 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTENHOLZ, RAYMOND C M.D. P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, ALFREDO I P.A. 7064 N.W. 66TH TERRACE PARKLAND, FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMOS, ALFREDO I M.D., P.A. P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA-DORTA, FERNANDO MD, P.A. 801 N.E. 75TH STREET BOCA RATON, FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA-DORTA, FERNANDO M.D., P.A P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCK, GEORGE R. M.D. 2930 N.W. 28TH TERRACE BOCA RATON, FLORIDA 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCK, GEORGE R. M.D. P.O. BOX 499 DEERFIELD BEACH, FLORIDA 33443 <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)(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 of the receiver or trustee empowered to execute this report as required by chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with and address with all other like empowered.

SIGNATURE: David Fogel Date: 4/30/01 Daytime Phone #: 561-477-4866

CR2E034 (9/99)

ADDENDUM
TO 2001 UNIFORM BUSINESS REPORT
MEADOWS ANESTHESIA SERVICE, P.A.
DOCUMENT NO. P93000060900

Attachment
658301
[REDACTED]
P93000060900

Directors/Officers

VD
WEISBERG, RONALD S. M.D., P.A. (change)
P.O. BOX 499
DEERFIELD BEACH, FLORIDA 33443

VD
STEVEN MILSTEIN, M.D. (change)
P.O. BOX 499
DEERFIELD BEACH, FLORIDA 33443

VD
SCOTT LEVIN M.D., P.A. (change)
P.O. BOX 499
DEERFIELD BEACH, FLORIDA 33443

VD
JON SCHAUER M.D., P.A. (change)
P.O. BOX 499
DEERFIELD BEACH, FLORIDA 33443