

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90902 001 ***400.00
 06-02-2002 90902 002 ***150.00

DOCUMENT # P93000060900

1. Entity Name

MEADOWS ANESTHESIA SERVICE, P.A.

Principal Place of Business

40 NE SECOND AVENUE
 DEERFIELD BEACH FL 33441

Mailing Address

701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

40 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0431720

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., STE 3000
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name BYRON-TURNOFF

Street Address (P.O. Box Number is Not Acceptable)

40 NE 2ND AVE

City DEERFIELD BEACH

FL

Zip Code 33441

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

Byron Turnoff, Bus. Manager

5/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NO 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FOGEL, MD, DAVID	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKLE, ALLAN M.D.	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTENHOLZ-RAYMOND C.M.D.	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAMOS, ALFREDO I P.A.	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA-DORTA, FERNANDO MD, P.A	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUCK, GEORGE R M.D.	
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

Byron Turnoff, Bus. Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)