

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90955 028 ***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
**40 NE SECOND AVENUE
SUITE 3000
DEERFIELD BEACH FL 33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0431720**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNOFF, BYRON
**40 NE SECOND AVENUE
DEERFIELD BEACH FL 33441**

SPELLING ERROR

Name **TURNOFF, BYRON**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGES DESJARDINS, M.D. P.O. Box 499 Deerfield Beach, FL 33443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03 954-426-8840
Date Daytime Phone #

CR2E034 (10/02)