

P93000075291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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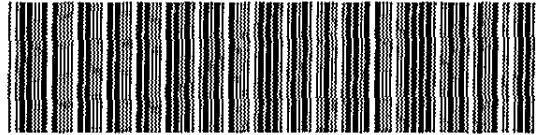
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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSAL ANESTHESIA CARE
(Name of corporation)

DOCUMENT NUMBER: 59-3207496

The enclosed Statement of Change of Registered Office / Agent and fees are resubmitted for filing.
Please return all correspondence concerning this matter to the following:

MARC KAUFMAN, M.D.
(Name of person)

UNIVERSAL ANESTHESIA CARE
(Name of firm/company)

5020 W. CURLESS ST. STE. 212
(Address)

TAMPA, FL 33607
(City/state and zip code)

For further information concerning this matter, please call:

MARC KAUFMAN, MD. at 813, 287-5718
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIVERSAL ANESTHESIA CARE, P.A.

2. The principal office address: 5020 W. CYPRUSS ST. STE. 212
TAMPA, FL 33607

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/1/97 Document number: SP-3207696/5
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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WILLIAM KALISH
100 SOUTH ASTLEY DR.
TAMPA FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARC KAUFMAN, M.D.
5020 W. CYPRUSS ST. STE 212
(P.O. Box or personal mailbox NOT acceptable)
TAMPA, FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by a officers so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

MARC A KAUFMAN, M.D.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

OCTOBER 15, 2002
(Date)

If signing on behalf of a person:

(Typed or printed name)

(Capacity)

**** FILING FEE: \$35.00 ****

MAIL CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314