

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000076144**1. Entity Name
NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC.

Principal Place of Business 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD 33021 US	FL	Mailing Address 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD 33021 US	FL
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2. Principal Place of Business 1613 NORTH HARRISON PARKWAY, SUITE 200	3. Mailing Address 1613 NORTH HARRISON PARKWAY, SUITE 200
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number 59-3207727	Applied For <input type="checkbox"/> Not Applicable
Zip 33323	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTUS JAY A
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD
33021
US

7. Name and Address of New Registered Agent

Name
MARTUS JAY A
Street Address (P.O. Box Number is Not Acceptable)
1613 NORTH HARRISON PARKWAY, SUITE 200
City
SUNRISE
FL
Zip Code
33323

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 **02/23/2001**
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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMMONS RUBEN M.D. 510 CORDAY STREET PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY 4651 SHERIDAN STREET, STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 4651 SHERIDAN STREET, STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 4651 SHERIDAN STREET, STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 4651 SHERIDAN STREET, STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 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: Jay A. Martus

VP

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)