

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042249

1. Entity Name

SOUTHEASTERN ANESTHESIA, P.A.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90118 033 \*\*\*150.00

Principal Place of Business 5817 21ST AVE. WEST VILLA 68 BRADENTON FL 34209 US	Mailing Address PO BOX 8206 VILLA 68 LONGBOAT KEY FL 29928-0184 US
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2. Principal Place of Business	3. Mailing Address <i>P.O. BOX 3184</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <i>HILTON HEAD, SC</i>
Zip	Country
<i>29928</i>	<i>US</i>

4. FEI Number <b>65-0502079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FRIEDMAN, DAVID</b> <b>2699 STIRLING RD.</b> <b>SUITE A201</b> <b>HOLLYWOOD FL 33312</b>
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7. Name and Address of New Registered Agent
Name
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.

SIGNATURE \_\_\_\_\_ (NOTE: 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVIN, RICHARD M</b> <b>PO BOX 8206 N/A</b> <b>LONGBOAT KEY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEVIN, RICHARD M</b> <b>6 PINE CT</b> <b>HILTON HEAD, SC 29928</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Richard M. Levin* **RICHARD M. LEVIN** 1/12/00 (843) 363-6478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)