

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90435 014 ***150.00

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DOCUMENT # P94000045525

1. Entity Name
MOBILE ANESTHESIA ASSOCIATES, INC.



Principal Place of Business
**ANESTHESIA DEPT
325 AVE 'B'
WINTER HAVEN FL 33881
US**

Mailing Address
**300 N.W. 5TH STREET.. STE 312
OKEECHOBEE FL 34972
US**



2. Principal Place of Business
4362 Northlake Blvd.

Suite, Apt. #, etc.
Suite 400

City & State
Palm Beach Gardens

Zip Country
33410 USA

3. Mailing Address
P.O. Box 85057

Suite, Apt. #, etc.

City & State
San Diego, CA

Zip Country
92186-5057 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0499574**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COEL, MARK A ESQ
2700 SOUTH COMMERCE PARKWAY
SUITE 305
WESTON FL 33331-0000**

7. Name and Address of New Registered Agent

Name
Coel, Mark A.
Street Address (P.O. Box Number is Not Acceptable)
33 Southeast 8th Street
City
Boca Raton **FL** Zip Code
33432

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 _____ (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	PTD LEVINE, MARC 3500 SW CENTRE COURT PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STIEFEL, ROBERT 6575 NW 33RD AVE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RAMON 8858 STEEPLECHASE DR PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Robert Stiefel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2003

Date Daytime Phone #

CR2E034 (10/02)