

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075346

1. Entity Name

GOLD COAST ANESTHESIA SERVICE, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90025 003 \*\*\*150.00

Principal Place of Business

6734 HICKORY HAMMOCK CIRCLE  
BRADENTON FL 34202

Mailing Address

6734 HICKORY HAMMOCK CIRCLE  
BRADENTON FL 34202

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 65-0523972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CEDERHOLM, JANET  
6734 HICKORY HAMMOCK CIRCLE  
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name Kinzie, Janet

Street Address (P.O. Box Number is Not Acceptable)  
6734 Hickory Hammock Circle

City Bradenton, FL Zip Code 34202

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 Janet Kinzie, President X

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

(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, 2001 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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Delete |
| NAME           | CEDERHOLM, JANET            |  |
| STREET ADDRESS | 6734 HICKORY HAMMOCK CIRCLE |  |
| CITY-ST-ZIP    | BRADENTON FL                |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Kinzie, Janet               |  |
| STREET ADDRESS | 6734 Hickory Hammock Circle |  |
| CITY-ST-ZIP    | Bradenton, FL 34202         |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0401906