

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90541 042 \*\*\*150.00

0606653 AV

**DOCUMENT # P94000087911**

1. Entity Name

**MID-FLORIDA ANESTHESIA ASSOCIATES, INC.**



Principal Place of Business

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

Mailing Address

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

**20030159**



2. Principal Place of Business

**4362 Northlake Blvd.**

3. Mailing Address

**P.O. Box 85057**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 207**

City & State

**Palm Beach Gardens**

City & State

**San Diego, CA**

4. FEI Number

**65-0543889**

Applied For

Not Applicable

Zip

**33410**

Country

**USA**

Zip

**92186-5057**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

(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

TITLE **PTD** ☐ Delete  
NAME **LEVINE, MARC**  
STREET ADDRESS **3500 SW CENTRE COURT**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete  
NAME **STIEFEL, ROBERT**  
STREET ADDRESS **6575 NW 33RD AVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VSD** ☐ Delete  
NAME **ALVAREZ, RAMON**  
STREET ADDRESS **8858 STEEPLECHASE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☒ Change ☐ Addition  
NAME **STIEFEL, ROBERT**  
STREET ADDRESS **6575 NW 33RD AVE.**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** ☒ Change ☐ Addition  
NAME **ALVAREZ, RAMON**  
STREET ADDRESS **8858 STEEPLECHASE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, M.D.**

**April 9, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



attachment  
#PH0087911  
20030159

TEAM HEALTH  
ANESTHESIA MANAGEMENT SERVICES

mail: P.O. Box 85057 • San Diego, CA 92186-5057  
office: 3626 Ruffin Road • San Diego, CA 92123-1810  
phone: 858.277.4767 • fax: 858.565.9441

Via U.S. Mail

April 14, 2003

Uniform Business Reports  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report

Dear Sir/Madame:

Enclosed for filing, please find each of the following documents:

1. A 2003 Uniform Business Report for Mid-Florida Anesthesia Associates, Inc. ("MFAA"); and
2. Check number 100288, in the amount of \$150.00, to cover all costs associated with the filing of MFAA's UBR.

Should you have any questions or concerns regarding the enclosed, please do not hesitate to call me at (858) 495-2034.

Very truly yours,

A handwritten signature in black ink, appearing to read "Ryon C. Terry".

Ryon C. Terry  
Corporate Paralegal  
Team Health Anesthesia Management Services Legal Department

Enclosures