

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023747

1. Entity Name

SURGICAL ANESTHESIA SERVICES, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90052 016 ***150.00

Principal Place of Business

Mailing Address

130 VERA CRUZ DR
#728
PONTE VEDRA BEACH FL 32082
US

130 VERA CRUZ DR
#728
PONTE VEDRA BEACH FL 32082-3004
US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6107 Bridgewater Cir
Suite, Apt. #, etc.

3. Mailing Address

6107 Bridgewater Cir
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3302697

Applied F.

Not A.

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIBER, TERRY
130 VERA CRUZ DR
728
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

6107 Bridgewater Circle

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/00

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIBER, TERRY	
STREET ADDRESS	130 VERA CRUZ DR #728 6107 Bridgewater Cir	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

Daytime Phone #

904-273-686