

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90115 039 ***150.00

DOCUMENT # P95000043441

1. Entity Name
CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business CAPE CANAVERAL HOSPITAL 701 WISE COCOA BEACH CSWY COCOA BEACH FL 32931 | Mailing Address P.O. BOX 320040 COCOA BEACH FL 32932-0040 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
701 West Cocoa Beach Cswy

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3310967**

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

**VONDERHEIDE, CHRISTOPHER
 123 SEAPORT BLVD.
 CAPE CANAVERAL FL 32920**

Name
CHRISTOPHER VONDERHEIDE

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

City
Cocoa Beach **FL** Zip Code
32931

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 **Christopher Vonderheide** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 VD NAME MCFARLANE, JOHN T STREET ADDRESS 201 JUNE DR CITY-ST-ZIP COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | TITLE ATD NAME BAYLES, RICHARD E STREET ADDRESS 1982 SYKES CREEK PARKWAY CITY-ST-ZIP MERRITT ISLAND, FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE ASD NAME STATHIS, DEMETRIOS K STREET ADDRESS 489 SOUTH ATLANTIC AVE CITY-ST-ZIP COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | TITLE ASD NAME PRESTON, WILLIAM L. STREET ADDRESS 205 ALAMEDA DRIVE CITY-ST-ZIP MERRITT ISLAND, FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE ATD NAME STEVENS, R. MICHAEL STREET ADDRESS 744 S. ORLANDO AVE #704 CITY-ST-ZIP COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | TITLE ATD NAME Stevens, Robert Michael STREET ADDRESS 2712 Newfound Harbor Drive CITY-ST-ZIP Merritt Island, FL 32952 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD NAME GOLOVAC, STANLEY STREET ADDRESS 4395 CROOKED MILE RD CITY-ST-ZIP MERRIEE ISLAND FL 32952 | <input type="checkbox"/> Delete | TITLE SD NAME STANLEY GOLOVAC STREET ADDRESS 4395 CROOKED MILE ROAD CITY-ST-ZIP Merritt Island, FL 32952 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME VONDERHEIDE, CHRISTOPHER STREET ADDRESS 410 BEACH PARK LANE CITY-ST-ZIP CAPE CANAVERAL FL 32920 | <input type="checkbox"/> Delete | TITLE PD NAME Vonderheide, Christopher STREET ADDRESS 25 Bougainvillea Drive CITY-ST-ZIP Cocoa Beach, FL 32931 | <input checked="" 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 |

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: **Christopher Vonderheide** Date **4-14-00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)