

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90178 001 ***150.00

DOCUMENT # P95000043441

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



Principal Place of Business
**CAPE CANAVERAL HOSPITAL
701 WEST COCOA BEACH CSWY
COCOA BEACH FL 32931**

Mailing Address
**P.O. BOX 320040
COCOA BEACH FL 32732-0040**



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 **59-3310967**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VONDERHEIDE, CHRISTOPHER
25 BOUGAINVILLEA DRIVE
COCOA BEACH FL 32931**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher Vonderheide*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/18/03**

**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 **MD** ☐ Delete
NAME **MC FARLANE, JOHN T**
STREET ADDRESS **201 JUNE DR**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE **AVP** ☐ Delete
NAME **STATHIS, DEMERRIO SK**
STREET ADDRESS **489 SOUTH ATLANTIC AVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☒ Change ☐ Addition
NAME **STATHIS, DEMETRIOS K.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ATD** ☒ Delete
NAME **STEVENS, R. MICHAEL**
STREET ADDRESS **2712 NEWFOUND HARBOR DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

TITLE **SD** ☐ Delete
NAME **GOLOVAC, STANLEY**
STREET ADDRESS **4395 CROOKED MILE RD**
CITY-ST-ZIP **MERRIEE ISLAND FL 32952**

TITLE ☐ Change ☒ Addition
NAME **ASD WILLIAM L. PRESTON**
STREET ADDRESS **205 ALAMEDA**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **PD** ☐ Delete
NAME **VONDERHEIDE, CHRISTOPHER**
STREET ADDRESS **25 BOUGAINVILLEA DRIVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE **ATD** ☐ Delete
NAME **GAYLES, RICHARD E**
STREET ADDRESS **1982 SYKES CREEK PKWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☒ Change ☐ Addition
NAME **TD GAYLES, RICHARD E**
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)