


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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3310967** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VONDERHEIDE, CHRISTOPHER
25 BOUGAINVILLEA DRIVE
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent
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* DATE **4/18/03**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VD MCFARLANE, JOHN T 201 JUNE DR COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP STATHIS, DEMERRIO SK 489 SOUTH ATLANTIC AVE COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STATHIS, DEMETRIOS K.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD STEVENS, R. MICHAEL 2712 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLOVAC, STANLEY 4395 CROOKED MILE RD MERRIEE ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASD WILLIAM L. PRESTON 205 ALAMEDA MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONDERHEIDE, CHRISTOPHER 25 BOUGAINVILLEA DRIVE COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GAYLES, RICHARD E 1982 SYKES CREEK PKWY MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD GAYLES, RICHARD E

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)