

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90317 037 ***150.00

DOCUMENT # P95000044378

1. Entity Name

DSC ANESTHESIA, M.D., P.A.

Principal Place of Business

**250 COUNTY RD 427
STE 114
LONGWOOD FL 32771**

Mailing Address

**PO BOX 521150
LONGWOOD FL 32752-1150
US**

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 **59-3318579**

Applied For

Not Applicable

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

**AVIDON, G. STEVEN
500 FAWN HILL PL
SANFORD FL 32771**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	PREGANZ, PETER R			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			250 CR 427 STE 114				
			LONGWOOD FL 32771				
	D	<input type="checkbox"/> Delete	AVIDON, G. STEVEN			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			500 FAWN HILL PL				
			SANFORD FL 32771				
	D	<input type="checkbox"/> Delete	ESPINOLA, ARTURO			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			250 CR 427 STE 114				
			LONGWOOD FL 32771				
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<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:**Arturo Espinola, MD** **ARTURO ESPINOLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

407-332-7537

Daytime Phone #

CR2E034 (10/00)