

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90853 048 ***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, 2002 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 **D** ☒ Delete
 NAME **PREGANZ, PETER R**
 STREET ADDRESS **250 CR 427 STE 114**
 CITY-ST-ZIP **LONGWOOD FL 32771**

TITLE **D** ☐ Change ☒ Addition
 NAME **BINFORD, MICHAEL A.**
 STREET ADDRESS **250 CR 427, Ste 114**
 CITY-ST-ZIP **Longwood FL 32771**

TITLE **D** ☐ Delete
 NAME **AVIDON, G. STEVEN**
 STREET ADDRESS **500 FAWN HILL PL**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☐ Delete
 NAME **ESPINOLA, ARTURO**
 STREET ADDRESS **250 CR 427 STE 114**
 CITY-ST-ZIP **LONGWOOD FL 32771**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)