

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

03 JUL 17 PM 10:59

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

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
210 South Park Avenue

3. Mailing Address

Suite, Apt. #, etc.  
Suite 102

Suite, Apt. #, etc.

City & State  
Sanford, Florida

City & State

Zip  
32771

Country  
Seminole

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

AVIDON, G. STEVEN  
600 FAWN HILL PL  
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name  
William P. Weatherford, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1150 Louisiana Avenue  
Suite 4  
City  
Winter Park FL Zip Code  
32789

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

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

(NOTE: Registered Agent signature required when reinstated)

DATE

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVIDON, G. STEVEN	
STREET ADDRESS	600 FAWN HILL PL	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINOLA, ARTURO	
STREET ADDRESS	250 CR 427 STE 114	
CITY-ST-ZIP	LONGWOOD, FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINFORD, MICHAEL A	
STREET ADDRESS	250 CR 427 STE 114	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700021624707	
STREET ADDRESS	07/17/03--01051--001 **550.00	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Espinola, Arturo	
STREET ADDRESS	210 South Park, Suite 102	
CITY-ST-ZIP	Sanford, Florida 32771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Binford, Michael A.	
STREET ADDRESS	210 South Park, Suite 102	
CITY-ST-ZIP	Sanford, Florida 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/2003 407-3249729  
Date Daytime Phone

CR2E034 (10/02)