2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000076434

1. Entity Name

EASTERN ANESTHESIA ASSOCIATES, P.A.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90060 018 ***150.00

Principal Place 780 NW 101 PLANTATION US	TERRACE	5	780 !	g Address WW 101 TERRACE ITATION FL 33324						
2. Principal P	Place of Busin	ess	3. Mai	ling Address			7	 	1	1 11111 (111 1 1 111
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 65-06123	356	⊢	oplied For ot Applicable
Zip		Country	Zìp		Country		5. Certificate of Status Desire		8.75 Add	
	6. Name	and Address o	f Current Registere	d Agent			7. Name and Address of Ne	w Registered Ag	jent	
MOREAU, CARLOS E 10534 N.W 11TH COURT PLANTATION FL 33322						Street Address	P.O. Box Number is Not Accepta	able)		
PLANIAII	ION FL 333	22		780			JW 101 TERR	ACE	· · · · · · · · · · · · · · · · · · ·	
					(City PIA	MOSTATION	FL	Zip Code	24
	named entity ions of registe		atement for the purp	ose of changing its	registered o		red agent, or both, in the State of	f Florida. I am far	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of reg	istered agent and title if app	licable. (NOTE:	: Registered Ag	gent signature requir	d when reinstating)	DATE		
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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:

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4/20/03 (954) 424-862

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