

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085360

1. Entity Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90008 020 \*\*\*150.00

Principal Place of Business

Mailing Address

5352 LINTON BLVD  
DELRAY BEACH FL 33484  
US

6234 NW 23 TER  
BOCA RATON FL 33496-3615  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0620896**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RITTER, DAVID  
6234 NW 23 TERRACE  
BOCA RATON FL 33496-3615

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WARHEIT, PETER S	
STREET ADDRESS	3296 NORTHWEST 60TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREENBERG, STEWART	
STREET ADDRESS	7210 AYRSHIRE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEUSCH, DONALD J	
STREET ADDRESS	781 NORTHEAST 37TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VERTKIN, GENE	
STREET ADDRESS	23492 MIRABELLA CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TVPD	<input type="checkbox"/> Delete
NAME	RITTER, DAVID	
STREET ADDRESS	6234 NORTHWEST 23RD TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUSCH, ERIC	
STREET ADDRESS	2851 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(ZIPCODE) 33496

6600 DUCK WEED LANE  
LAKE WORTH, FL 33467

1749 VESTAL WAY  
CORAL SPRINGS, FL 33071

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID RITTER

Date

Daytime Phone #

2-02-2000

561-994-0230

CR2E034 (9/99)