

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90159 020 ***158.75

0331200

DOCUMENT # P95000085360

1. Entity Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.

Principal Place of Business

**5352 LINTON BLVD
 DELRAY BEACH FL 33484
 US**

Mailing Address

**6234 NW 23 TER
 BOCA RATON FL 33496
 US**

2. Principal Place of Business

21644 STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33428-1899

Country

US

Zip

33496-3615

Country

US

4. FEI Number

65-0620896

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 33496	
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	6600 DUCK WEED LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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	1749 VESTAL WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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:

DAVID RITTER **DAVID RITTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2001 5619940230

Date

Daytime Phone #

CR2E034 (10/00)