

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90113 050 ***150.00

DOCUMENT # P95000085360

1. Entity Name
SOUTH PALM BEACH ANESTHESIOLOGY, P.A.



Principal Place of Business
21644 STATE RD. 7
BOCA RATON, FL 33428-1899 US

Mailing Address
6234 NW 23 TER
BOCA RATON, FL 33496 US

10043727



☒ CHECK HERE IF MAKING CHANGES

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
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 33496-3616

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. 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 amending)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	WARHEIT, PETER S	
STREET ADDRESS	3296 NORTHWEST 60TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 334963372	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, STEWART Y	
STREET ADDRESS	968 EVE STREET	
CITY-ST-ZIP	DELRAY BEACH, FL 334834967	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KEUSCH, DONALD J	
STREET ADDRESS	781 NORTHEAST 37TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 334316142	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VERTKIN, GENE G	
STREET ADDRESS	6600 DUCKWEED ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 334671608	
TITLE	TVPD	<input type="checkbox"/> Delete
NAME	RITTER, DAVID P	
STREET ADDRESS	6234 NORTHWEST 23RD TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 334963616	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, ERIC M	
STREET ADDRESS	1749 VESTAL WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 330715855	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven D. Edbril, M.D.	
STREET ADDRESS	2880 NE 23 CT	
CITY-ST-ZIP	Pompano Beach FL 33060	
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		

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

Steven Edbril Steven Edbril, President, 3/20/03

Date

Daytime Phone #

CR2E034 (10/02)