2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000093689** Apr 10, 2000 8:00 am Secretary of State R.K. DAVIS ANESTHESIA, P.A. 04-10-2000 90067 003 ***150.00 Mailing Address Principal Place of Business 509 NE 13TH AVENUE 509 NE 13TH AVENUE FORT LAUDERDALE FL 33301-1243 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 569NE. 134 AV. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0629145 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HANLEY, DAVID F Street Address (P.O. Box Number is Not Acceptable) 200 E. LAS OLAS BLVD., SUITE 1800 FORT LAUDERDALE FL 33301 Zip Code City F 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change PD TITLE ☐ Delete TITLE DAVIS, RODNEY K. NAME NAME STREET ADDRESS **509 NORTHEAST 13TH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___Change Addition Dēlēte ŤŤŤ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ___ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 expowered.

4-4-00 954-439-1118
Date Daytime Phone #