

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003398

1. Entity Name

ALLIANCE ANESTHESIA, P.A.

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90061 048 ***550.00

Principal Place of Business

2906 17TH ST.
ARESTHESIA DEPT.
ST. CLOUD FL 34769

Mailing Address

2906 17TH ST.
ARESTHESIA DEPT.
ST. CLOUD FL 34769
US

00084153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 NW 5th St

3. Mailing Address

300 NW 5th St

Suite, Apt. #, etc.

Suite 312

Suite, Apt. #, etc.

Suite 312

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34972

Country

USA

Zip

34972

Country

USA

4. FEI Number

65-0644710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A
4000 HOLLYWOOD BLVD.
STE 350 NORTH
HOLLYWOOD FL 33021

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, MARC 3500 SW CENTRE CT PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STIEFEL, ROBERT 6575 NW 33RD AVE BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMON, ALVAREZ 8858 STEEPLECHASE DR. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED Stiefel

8/7/00

863-763-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)