

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003399

1. Entity Name

HOLLYWOOD ANESTHESIA ASSOCIATES, P.A.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90218 029 ***150.00

Principal Place of Business

3600 WASHINGTON ST
ANESTHESIA DEPT
HOLLYWOOD FL 33021
US

Mailing Address

300 NW 5TH ST
STE 312
OKEECHOBEE FL 34972
US

755877



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 65-0645058

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LEVINE, MARC
CITY-ST-ZIP 3500 SW CENTRE CT
PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS STIEFEL, ROBERT
CITY-ST-ZIP 6575 NW 33RD AVE
BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MULFORD, THOMAS B
CITY-ST-ZIP 912 PONCE DE LEON
FT LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS RIVERO, LALINE
CITY-ST-ZIP 2423 FRYER POINT
FT. LAUDERDALE FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS DIAZ, WALTER
CITY-ST-ZIP 17511 NW 66TH CT
AVENTURA FL 33015

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Diaz, Walter
CITY-ST-ZIP 13100 Parkside Terrace
Cooper city, FL 33330

TITLE ☐ Delete
NAME D
STREET ADDRESS ESCOBAR, LUIS
CITY-ST-ZIP 3510 NW 23RD AVE
LIGHTHOUSE PT FL 33064

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Levine, md

Date

4/27/01

Daytime Phone #

843-763-7015

CR2E034 (10/00)