

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90459 016 ***150.00

0606647 AV

DOCUMENT # P96000003399

1. Entity Name
HOLLYWOOD ANESTHESIA ASSOCIATES, P.A.



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**



2. Principal Place of Business
4362 Northlake Blvd.

3. Mailing Address
P.O. Box 85057

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
San Diego, CA

4. FEI Number
65-0645058

Applied For
☐ Not Applicable

Zip
33410

Country
USA

Zip
92186-5057

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COEL, MARK A
2700 SOUTH COMMERCE PARKWAY
SUITE 305
WESTON FL 33331-0000**

7. Name and Address of New Registered Agent

Name
Joshua L. Dubin, P.A.
Street Address (P.O. Box Number is Not Acceptable)
**17701 Biscayne Blvd.
Suite 201
City
Aventura FL Zip Code
33160**

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.

Joshua L. Dubin, P.A.
(NOTE: Registered Agent signature required when reinstating)

4/18/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☒ Delete
NAME **LEVINE, MARC**
STREET ADDRESS **3500 SW CENTRE CT**
CITY-ST-ZIP **PALM CITY FL 34990**

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

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

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

TITLE **S** ☐ Delete
NAME **DIAZ, WALTER**
STREET ADDRESS **13100 PARKSIDE TERRACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Director** ☒ Change ☐ Addition
NAME **STIEFEL, ROBERT**
STREET ADDRESS **6575 NW 33rd Avenue**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **STD** ☒ Change ☐ Addition
NAME **MULFORD, THOMAS B.**
STREET ADDRESS **912 Ponce De Leon**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **DIAZ, WALTER**
STREET ADDRESS **13100 Parkside Terrace**
CITY-ST-ZIP **Cooper, FL 33330**

TITLE ☐ Change ☐ 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: **Robert Stiefel, M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03
Date

Daytime Phone #

CR2E034 (10/02)