## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000024275

1. Entity Name

SIGNATURE:

J. THOMAS ANESTHESIA SERVICES, INC.



## FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90848 003 \*\*\*150.00

Signature   Sign			,					
Suite Apt. 4, alc:  Suite Apt. 5, alc:  Suite Apt. 5, alc:  City & State  City & State Country  SunDheim, FreDerick G JR. 316 SW OCEAN BLVD.  STUART FL 34994  City FL Zip Code  City FL Zip	1756 SW CAPT/	AINS PL.	1756 SW CAPTAINS	1756 SW CAPTAINS PL.		•		
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FLI Number 65-0660985   Applied For Real	•			•			JAKE HIBA BABAR HIB	
City & State	2. Principal Plac	ce of Business	3. Mailing Address					
Zip Country Zip Country S. Certificate of Status Desired S. Applied S. Certificate of Status Desired S. S. Additional Fee Required Fee Required Fee Required S. Street Address of New Registered Agent S. Street Address of New Registered Agent S. Street Address of New Registered Agent S. Street Address (PO. Box Number is Not Acceptable)  STUART FL 34994  City FL Ap Code  8. In eachieve named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and acceptable submits and the state of Fonda and th	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent.  7. Name and Address of New Registered Agent  SUNDHEIM, FREDERICK G JR. 310 SW OCEAN BLVD.  STUART FL 34994  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Code  City  City  FL Code  City  FL Code  City  FL Code  City  City  FL Code  City  C			City & State		4. FEI Number 65-0660985		Applied For Not Applicable	
SUNDHEM, FREDERICK G.JR. 310 SW OCEAN BLVD. STUART FL 34994  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE    Greater, hoped or printed name of registered agent are site / applicable. (NOTE Pageseed Agent signature agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.    FL	Zip		•			5. Certificate of Status Desired	\$8.75 A	dditional
SUNDHEIM, FREDERICK G JR. 310 SW OCEAN BLVD.  STUART FL 34994  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 acc the obligations of registered agent.  SIGNATURE  Signature, speed or printed rever of implicement agent and tite 7 applicable. (INCITE Purpose of Agent disprisore Revered whom revealed wh		6. Name and Address of Current R	egistered Agent	*				
STUART FL 34994  STUART FL 34994  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  Specific Type of printed some of registered agent and title flapticable.  (NOTE: Registered Agent signature required when remaiting)  OATE  7. FILLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003	SUNDHFIM.	FREDERICK GUIR			Name			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.    SIGNATURE	310 SW OC	ean blvd.		Street Addres		(P.O. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.    Signatrune	STOART FL	<del>34894</del>						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.  SIGNATURE    Signature   Signature required depart and tile if applicable.   (NOTE Registered Agent Signature required when remaillating)   DATE					City	F	Zip Co	 de
Separative, special or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when retriatating)  PILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS: IN 11 TITLE MAME NAME STREET ADDRESS CITY-ST-2IP FILE NOW!!! FEE IS \$150,00 Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2I	8. The above na the obligation	med entity submits this statement for t s of registered agent.	he purpose of changing	its registere	ed office or registere	ad agent, or both, in the State of Florida. I a	m familiar with	, and accept
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STREET AUDICESS								
2. 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 on the		that the information - P. L						