

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90030 004 ***150.00

DOCUMENT # 796000033.683
1. Entity Name
 South Florida Anesthesia Professionals Inc

Principal Place of Business 1441 SW 29th Ave
Mailing Address same
 Pompano Beach FL 33069

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number 65-0658859
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

650447

6. Name and Address of Current Registered Agent
 marc Puleo
 1441 SW 29th Ave
 Pompano Beach FL 33069

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 - Trust Fund Contribution, - - -

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
PSTD marc Puleo 1441 SW 29th Ave Pompano Beach FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 address, with all other like empowered.

SIGNATURE:  **marc Puleo**
SIGNING OFFICER OR DIRECTOR
Date 4-20-01 **Daytime Phone #** 954-077-4551

CR2E034 (11/00)