2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91417 027 ***150.00

0344136 AV

DOCUMENT # P96000073879

1. Entity Name
ANESCO ANESTHESIA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5757 N. DIXIE HWY OPERATING ROOM FT LAUDERDALE FL 33334 US	1511 E. COMMERCIAL BLVD 146. FT LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3601 W. COMMERCIAL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 4 & 5
City & State	City & State FT. LAUDERDALE FL
Zip / Country	Zip 33309 / Country USA

4. FEI Number 65-0694543 ☐ Applied For ☐ Not Applicable

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
MELI, RICHARD ~~1511 E. COMMERCIAL BLVD~~ ~~SUITE 146~~ FT LAUDERDALE FL ~~33334~~	Name Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD SUITE 4 & 5 City FT. LAUDERDALE FL Zip Code 33309

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOLBERT, PAUL M ~~1511 E. COMMERCIAL BLVD STE.~~ 146 ~~FT LAUDERDALE~~ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3601 W COMMERCIAL BLVD SUITE 4 & 5 FT. LAUDERDALE FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MELI, RICHARD M ~~1511 E. COMMERCIAL BLVD STE.~~ 146 ~~FT. LAUDERDALE~~ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3601 W. COMMERCIAL BLVD SUITE 4 & 5 FT. LAUDERDALE FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SNYDER, SCOTT A MD ~~1511 E. COMMERCIAL BLVD, STE.~~ 146 ~~FT LAUDERDALE~~ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3601 W. COMMERCIAL BLVD SUITE 4 & 5 FT. LAUDERDALE FL 33309
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CR2E034 (9/01)

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: Scott A. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #