

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096088

1. Entity Name  
ANESTHESIA AT ITS BEST, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90238 007 \*\*\*150.00

Principal Place of Business  
11760 BLACKWOODS LANE  
WEST PALM BEACH FL 33412

Mailing Address  
11760 BLACKWOODS LANE  
WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0731346

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

JAMES, KEITH A P.A.  
1655 PALM BEACH LAKES BLVD, SUITE 810  
WEST PALM BEACH FL 33401

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
D  
SIMPSON, FERMAL  
11760 BLACKWOODS LANE  
WEST PALM BEACH FL 33412 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Fermal Simpson*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

(561)  
6244292  
Daytime Phone #

CR2E034 (5/00)

Attachment  
P96000096088  
A0076854

Anesthesia at its Best, Inc.  
11760 Blackwoods lane  
West Palm Beach, Fl.  
33412

ANESTHESIA AT ITS BEST, INC.  
Document # P96000096088

Department of State's Division of Corporations,

I recently spoke to your representative over the phone, I explained to him that I received a notice that THIS WAS MY SECOND NOTICE FOR FILING.... I never received a notice at ALL  
Your office told me to send my check for \$150.00 to the division and request that the current late fee be waived.

Therefore I am requesting that you waive the late fee for filing, base on that I never received any notice of payment due.

Thank you,



Fermal Simpson  
Director; Anesthesia at its Best, Inc.