

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057471

1. Entity Name

SUNRISE ANESTHESIA ASSOCIATES, P.A.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90187 030 ***150.00

Principal Place of Business

Mailing Address

5240 SW 32ND AVE
FT LAUDERDALE FL 33312
US

PO BOX 450699
SUNRISE FL 33345-0699
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 17347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PLANTATION, FL

4. FEI Number 65-0754321

Applied For

Not Applicable

Zip

Country

Zip

Country

33318

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

BRYAN, REED A
707 SE 3RD AVE, SUITE 400-A
FORT LAUDERDALE FL 33316

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 \$150.00
After MAY 1, 2000 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
PTD
AARONS, JONATHAN
5240 SW 32ND AVE
FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

Jonathan J. Aarons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JONATHAN J. AARONS

Date

Daytime Phone #

CR2E034 (9/99)