

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058544

1. Entity Name

ANESTHESIA CONSULTANTS OF SOUTH FLORIDA INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90061 048 \*\*\*150.00

Principal Place of Business

9500 S.W. 148TH STREET  
MIAMI FL 33176

Mailing Address

9500 S.W. 148TH STREET  
MIAMI FL 33176-7835

2. Principal Place of Business

2980 SW 87th Avenue  
Suite, Apt. #, etc.  
100

3. Mailing Address

9500 SW 148 Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0769850

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASSUN, ARMANDO D O  
4060 WOODRIDGE ROAD  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: JUAN C. OJEA, M.D.  
Street Address (P.O. Box Number is Not Acceptable): 9500 SW 148 Street.  
City: Miami FL Zip Code: 33176

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

TITLE: D ☐ Delete  
NAME: OJEA, JUAN C MD  
STREET ADDRESS: 9500 S.W. 148TH STREET  
CITY-ST-ZIP: MIAMI FL 33176

TITLE: D ☐ Delete  
NAME: HASSUN, ARMANDO DO  
STREET ADDRESS: 4060 WOODRIDGE  
CITY-ST-ZIP: COCONUT GROVE FL 33133

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☒ Change ☐ Addition  
NAME: Hassun, Armando DO  
STREET ADDRESS: 331 Isla Dorada Blvd.  
CITY-ST-ZIP: Coral Gables, FL 33133

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)