

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90045 004 ***150.00

DOCUMENT # P97000058544

1. Entity Name
ANESTHESIA CONSULTANTS OF SOUTH FLORIDA INC.

Principal Place of Business
2780 SW 87 Ave
2000 SW 87TH AVE
#100
MIAMI FL 33165

Mailing Address
9500 S.W. 148TH STREET
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
2780 SW 87 Ave

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
#100

City & State **City & State**
Miami, FL

Zip **Country** **Zip** **Country**
33165 **USA.**

4. FEI Number **65-0769850** **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**

OJEA, JUAN C M.D.
9500 SW 148TH ST
MIAMI FL 33176

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OJEA, JUAN C MD 9500 S.W. 148TH STREET MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HASSUN, ARMANDO DO 331 ISLA DORADA BLVD CORAL GABLES FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Juan C. Ojeda MD** **2/13/02** **(305) 232-8442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**