

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90017 043 \*\*\*150.00

**DOCUMENT # P97000058544**

1. Entity Name  
**ANESTHESIA CONSULTANTS OF SOUTH FLORIDA INC.**



Principal Place of Business  
**2780 SW 87 AVENUE  
#100  
MIAMI FL 33165  
US**

Mailing Address  
**2780 SW 87 AVENUE  
#100  
MIAMI FL 33165  
US**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0769850**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D OJEA, JUAN C MD 9500 S.W. 148TH STREET MIAMI FL 33176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D HASSUN, ARMANDO DO 331 ISLA DORADA BLVD CORAL GABLES FL 33133</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03 305-232-5412**  
Date Daytime Phone #

CR2E034 (10/02)