

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90145 025 \*\*\*150.00

**DOCUMENT # P97000086287**

1. Entity Name

**INTERNATIONAL ANESTHESIA SOUTH, P.A.**

Principal Place of Business

777 EAST 25TH STREET #219  
HIALEAH FL 33013

Mailing Address

777 EAST 25TH STREET #219  
HIALEAH FL 33013

**765027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0793255**

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

**DE LA OSA, JORGE L**  
**10680 SW 113TH STREET**  
**SUITE 103**  
**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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **D** ☐ Delete  
NAME **ALVAREZ, FRANCISCO MD**  
STREET ADDRESS **777 EAST 25TH ST**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **DP** ☐ Change ☒ Addition  
NAME **Mario A. Diaz, MD**  
STREET ADDRESS **777 East 25 Street**  
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE **VD** ☐ Delete  
NAME **SANCHEZ-MEDIO, JORGE L M.D.**  
STREET ADDRESS **777 EAST 25TH STREET #219**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D** ☐ Change ☒ Addition  
NAME **Lorely M. Dwyer, M.D.**  
STREET ADDRESS **777 East 25 Street**  
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE **SD** ☒ Delete  
NAME **DIAZ-LANDA, RICARDO M.D.**  
STREET ADDRESS **777 EAST 25TH STREET #219**  
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE **TD** ☐ Delete  
NAME **SELEM, JOSE M.D.**  
STREET ADDRESS **777 EAST 25TH STREET #219**  
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE **D** ☐ Delete  
NAME **GARCIA, BASILIO M.D.**  
STREET ADDRESS **777 EAST 25TH STREET #219**  
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE **D** ☐ Delete  
NAME **GONZALEZ, CARLOS M.D.**  
STREET ADDRESS **777 EAST 25TH STREET #219**  
CITY-ST-ZIP **HIALEAH FL 33013**

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 #

CR2E034 (10/00)