

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002036

1. Entity Name

FLORIDA ANESTHESIA ALLIANCE, P.A.

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90060 036 \*\*\*550.00

Principal Place of Business

300 N.W. 5TH ST.  
 #312  
 OKEECHOBEE FL 34972

Mailing Address

300 N.W. 5TH ST.  
 #312  
 OKEECHOBEE FL 34972

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 **65-0818956** 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

COEL, MARK A  
 4000 HOLLYWOOD BLVD.  
 STE 350 N.  
 HOLLYWOOD FL 33321

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **STIEFEL, ROBERT**  
 STREET ADDRESS **6575 NW 33RD AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete  
 NAME **MORE, LEVINE**  
 STREET ADDRESS **3500 SW CENTRE CT.**  
 CITY-ST-ZIP **PALM CITY FL 33496**

TITLE ☒ Change ☐ Addition  
 NAME **Levine, Marc**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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 REQUIRED** Robert Stiefel

8/7/00

863-763-7015

Date

Daytime Phone #

CR2E034 (5/00)