

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90218 028 \*\*\*150.00

**DOCUMENT # P98000002036**

1. Entity Name

**LAKE COUNTY ANESTHESIA PARTNERS, P.A.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

*Anesthesia Dept*  
Suite, Apt. #, etc.  
*201 N. Eustis St*

Suite, Apt. #, etc.

City & State  
*Eustis FL*

City & State

Zip  
*32726* Country  
*US*

Zip Country

4. FEI Number **65-0818956**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STIEFEL, ROBERT  
6575 NW 33RD AVE  
BOCA RATON FL 33432** ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
Zelkowitz, Michael  
404 Timber Ridge Dr  
Longwood, FL 32779** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V, D  
Major, Michael  
1445 Finsburg Ct  
Lake Mary, FL 32746** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
Samuel, Felice  
5372 Lake Bluff Terrace  
Sanford, FL 32771** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Alvarez, Ramon  
8858 Stoeplechase Dr  
Palm Beach Gardens, FL 33418** ☐ Change ☒ Addition

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

*Marc Levine, MD*

Date

*4/27/01*

Daytime Phone #

*863-763-7015*

CR2E034 (10/00)