

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91267 002 \*\*\*150.00

<b>DOCUMENT #</b> P98000002036
<b>1. Entity Name</b> LAKE COUNTY ANESTHESIA PARTNERS, P.A.

<b>Principal Place of Business</b> ANESTHESIA DEPT 201 N EUSTIS STREET EUSTIS FL 32726 US	<b>Mailing Address</b> 300 N.W. 5TH ST. #312 OKEECHOBEE FL 34972
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0818956	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  COEL, MARK A 2700 SOUTH COMMERCE PARKWAY SUITE 305 WESTON FL 33331-0000	<b>7. Name and Address of New Registered Agent</b>  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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------	-------------

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

<b>11. OFFICERS AND DIRECTORS</b>	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
<table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>STIEFEL, ROBERT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6575 NW 33RD AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON FL 33432</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	STIEFEL, ROBERT		STREET ADDRESS	6575 NW 33RD AVE		CITY-ST-ZIP	BOCA RATON FL 33432		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	STIEFEL, ROBERT																								
STREET ADDRESS	6575 NW 33RD AVE																								
CITY-ST-ZIP	BOCA RATON FL 33432																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LEVINE, MARC</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3500 SW CENTRE CT.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PALM CITY FL 33496</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	LEVINE, MARC		STREET ADDRESS	3500 SW CENTRE CT.		CITY-ST-ZIP	PALM CITY FL 33496		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	LEVINE, MARC																								
STREET ADDRESS	3500 SW CENTRE CT.																								
CITY-ST-ZIP	PALM CITY FL 33496																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ZELKOWITZ, MICHAEL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>404 TIMBER RIDGE DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LONGWOOD FL 32779</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	ZELKOWITZ, MICHAEL		STREET ADDRESS	404 TIMBER RIDGE DRIVE		CITY-ST-ZIP	LONGWOOD FL 32779		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	ZELKOWITZ, MICHAEL																								
STREET ADDRESS	404 TIMBER RIDGE DRIVE																								
CITY-ST-ZIP	LONGWOOD FL 32779																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MAJOR, MICHAEL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1445 FINSBURG CT</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE MARY FL 32746</td><td></td></tr></table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	MAJOR, MICHAEL		STREET ADDRESS	1445 FINSBURG CT		CITY-ST-ZIP	LAKE MARY FL 32746		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	MAJOR, MICHAEL																								
STREET ADDRESS	1445 FINSBURG CT																								
CITY-ST-ZIP	LAKE MARY FL 32746																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"><tr><td>TITLE</td><td>STD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SAMUEL, FELICE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5372 LAKE BLUFF TERRACE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANFORD FL 32771</td><td></td></tr></table>	TITLE	STD	<input type="checkbox"/> Delete	NAME	SAMUEL, FELICE		STREET ADDRESS	5372 LAKE BLUFF TERRACE		CITY-ST-ZIP	SANFORD FL 32771		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete																							
NAME	SAMUEL, FELICE																								
STREET ADDRESS	5372 LAKE BLUFF TERRACE																								
CITY-ST-ZIP	SANFORD FL 32771																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ALVAREZ, RAMON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8858 STEEPLECHASE DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PALM BEACH GARDENS FL 33418</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ALVAREZ, RAMON		STREET ADDRESS	8858 STEEPLECHASE DRIVE		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ALVAREZ, RAMON																								
STREET ADDRESS	8858 STEEPLECHASE DRIVE																								
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a home like empowered.

<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 4/30/02	<b>Daytime Phone #</b>
-----------------------------------------------------------------------------------------	------------------------	------------------------

CR2E034 (9/01)