

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90151 010 \*\*\*150.00

**DOCUMENT # P98000002036**



1. Entity Name  
**LAKE COUNTY ANESTHESIA PARTNERS, P.A.**

Principal Place of Business  
**ANESTHESIA DEPT  
201 N EUSTIS STREET  
EUSTIS FL 32726  
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0818956</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>COEL, MARK A 2700 SOUTH COMMERCE PARKWAY SUITE 305 WESTON FL 33331-0000</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable) <b>33 S.E. 8th Street #400</b>			
				City <b>Boca Raton</b>		FL	Zip Code <b>33432</b>

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 \_\_\_\_\_ (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		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STIEFEL, ROBERT</b>		NAME		
STREET ADDRESS	<b>6575 NW 33RD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVINE, MARC</b>		NAME		
STREET ADDRESS	<b>3500 SW CENTRE CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 33496</b>		CITY-ST-ZIP		
TITLE	<b>PD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZELKOWITZ, MICHAEL</b>		NAME		
STREET ADDRESS	<b>404 TIMBER RIDGE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>		CITY-ST-ZIP		
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAJOR, MICHAEL</b>		NAME		
STREET ADDRESS	<b>1445 FINSBURG CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>		CITY-ST-ZIP		
TITLE	<b>STD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAMUEL, FELICE</b>		NAME		
STREET ADDRESS	<b>5372 LAKE BLUFF TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALVAREZ, RAMON</b>		NAME		
STREET ADDRESS	<b>8858 STEEPLCHASE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP		

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)