

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90702 001 ***400.00
 05-29-2002 90702 002 ***150.00

DOCUMENT # P98000022169

1. Entity Name

BOCA RATON ANESTHESIA GROUP, P.A.

Principal Place of Business

ATTN: STEVEN R. MILSTEIN, M.D.
 701 BRICKELL AVE., STE. 3000
 MIAMI FL 33131

Mailing Address

ATTN: STEVEN R. MILSTEIN, M.D.
~~701 BRICKELL AVE., STE. 3000~~
 MIAMI FL 33131

2. Principal Place of Business

40 NE 2ND AVE

3. Mailing Address

40 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State
 DEERFIELD BEACH, FL

City & State
 DEERFIELD BEACH, FL

4. FEI Number 65-0880028

Applied For
 Not Applicable

Zip 33441 Country USA

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP
 701 BRICKELL AVE
 STE 3000
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name BYRON TURNOFF
 Street Address (P.O. Box Number is Not Acceptable)
 40 NE 2ND AVE.
 City DEERFIELD BEACH FL Zip Code 33441

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]* Bue. Manager 5/16/02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	WEISBERG, RONALD	
STREET ADDRESS	40 N.E. 2ND AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLE, ALLAN	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FOPEZ, DAVID <i>FOGEL</i>	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GARCIA-DONTA, FERNANDO	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, STEVEN <i>STEVEN</i>	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTENHOLZ, RAYMOND H	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SPELLING FIX - FOGEL</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SPELLING FIX STEVEN</i>
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)