

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90113 031 ***150.00

DOCUMENT # P98000039744

1. Entity Name

TAYLOR ANESTHESIA SERVICES, INC.



Principal Place of Business
4206 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

Mailing Address
P.O. BOX 56315
JACKSONVILLE FL 32241

90003150



2. Principal Place of Business

3810-4 Williamsburg

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3507030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIR, LANDEN R
4206 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3810-4 Williamsburg Park Blvd

City

Jax

FL

Zip Code

32257

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 *Landen R Blair*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-03

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 **D** ☐ Delete
NAME **TAYLOR, SUSAN**
STREET ADDRESS **4206 BAYMEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME **3810-4 Williamsburg Park Blvd**
STREET ADDRESS **Jax FL 32257**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Susan Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-03

888-522-9228

Date

Daytime Phone #

CR2E034 (10/02)