

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90071 034 ***150.00

DOCUMENT # P98000049345

1. Entity Name
SPACE COAST ANESTHESIA, INC. P.A.

Principal Place of Business

Mailing Address

**553 RIO CASA DRIVE NORTH
 INDIANLANTIC FL 32903**

**553 RIO CASA DRIVE NORTH
 INDIANLANTIC FL 32903-3703**

120913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

340 MEDICAL PARK DRIVE

310 MARLIN PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State
Melbourne, FL

City & State
Melbourne Beach, FL

4. FEI Number **59-3518330**

Applied For
 Not Applicable

Zip
32901

Country
USA

Zip
32951

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANCILIA, JOHN R ESQ
 1686 WEST HIBISCUS BLVD
 MELBOURNE FL 32901**

Name
Roberto Saucedo

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

City **Melbourne Beach FL** Zip Code **32951**

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 **Roberto Saucedo**

Roberto Saucedo

4.20.00

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, 2000 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 VANDENBOSCH, MARK J MD
553 RIO CASA DRIVE NORTH
INDIANLANTIC FL 32903 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
ROBERTO SAUCEDO
1340 MEDICAL PARK DR #202
MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D VONDERHEIDE, CHRISTOPHER MD
127 SEAGATE
CAPE CANAVERAL FL 32920 ☒ Delete

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

TITLE
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☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ 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: **Roberto Saucedo**

4.20.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)