

9/17/01-90009-045-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000050258**1. Entity Name
SOUTH FLORIDA ANESTHESIA SERVICES, P.A.

Principal Place of Business

**2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411**

Mailing Address

**2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

165-0353908

Applied For

Not Applicable

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

**DIAZ, JORGE L
2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411**

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	DIAZ, JORGE L	
STREET ADDRESS	2705 HANCOCK CREEK RD.	
CITY-ST-ZIP	W. PALM BCH FL 33411	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**9-8-01**

Date

Daytime Phone #

FILED**01 NOV 26 PM 1:43****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)