

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91623 046 \*\*\*150.00

**DOCUMENT # P98000055566**

1. Entity Name  
**NEW RIVER ANESTHESIA, P.A.**

Principal Place of Business <b>1312 GUAVA ISLE          FT. LAUDERDALE FL 33315          US</b>	Mailing Address <b>1312 GUAVA ISLE          FT. LAUDERDALE FL 33315          US</b>
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

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 <b>65-0846323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**STEVENS, GAIL E ESQ.  
 412 N.E. 4TH ST.  
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GROSSMAN, HARRY T D.O. 1312 GUAVA ISLE FT. LAUDERDALE FL 33315</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry T. Grossman* Date: 4/28/02 Daytime Phone #: 954 818 0631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

attachment # P98000055566

435905

**NEW RIVER ANESTHESIA, P.A.**

1312 Guava Isle  
Fort Lauderdale, FL 33315  
954.463.5568  
fax 954.527.3882

May 10, 2002

Florida Department of State  
Division of Corporations

RE: 2002 Annual Business Report # P98000055566

Dear Division of Corporations,

~~Recently this week I spoke on the telephone with Robert, a representative of your~~  
department. I explained to Robert that I had mailed in my annual report on April 28, which  
was under treatment for Acute Kidney Stones. The envelope was mailed with a self  
adhesive stamp and labeled with my return address. The envelope was subsequently  
returned to me for lack of postage. Evidently the stamp had come loose and fallen off, the  
the returned envelope. Due to my acute illness, I did not notice the returned item until  
Tuesday of this week.

I have filed my reports on time every year prior to 2002 and I asked Robert if the  
late fee could be waived due to this error by the USPS and the self adhesive stamp.  
Robert told me that the fee would be waived this one time.

Thank you very much.

Best regards,



Dr. Harry T. Grossmar