2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am DOCUMENT # **P98000088307** 1. Entity Name **Secretary of State** BAYSIDE ANESTHESIA SERVICES INC. 01-27-2000 90029 033 ***150.00 Principal Place of Business Mailing Address 1900 CENTRE POINTE BLVD., STE. 20 1900 CENTRE POINTE BLVD., STE. 20 TALLAHASSEE FL 32308-4875 TALLAHASSEE FL 32308 907668 2. Principal Place of Business 3. Mailing Address 6417 CAVALLADE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ALLAHABSEE City & State Applied For 4. FEI Number 59-3543124 32*308* Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME ALENT TIFLAMATION ADDRESS MCOUAT, DOUGLAS C Street Address (P.O. Box Number is Not Acceptable) 1900 CENTRE POINTE BLVD., STE. 20 TALLAHASSEE FL 32308 6417 CAVALCADE TRAIL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. MCOUAT, POUGLAS C. I Change TITLE ☐ Delete MCOUAT, DOUGLAS C 6417 CAVALCADE TRAIL NAME NAME STREET ADDRESS 1900 CENTRE POINTE BLVD. STE 20 STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 化不同的医生物合物 NAME STREET ADDRESS State of the Court of STREET ADDRESS THORY OR WAR CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

SECRETARIO DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

877 422-9743

Daytime Phone #