

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 030 ***150.00

DOCUMENT #

1. Entity Name

AMAC INC
 AMBULATORY MEDICAL
 ANESTHESIA CONSULTANTS, INC

Principal Place of Business

19073 CLOISTER LAKE
 LANE, BOCA RATON, FL
 33498 TAXID#59-3538777

CONSULTANTS, INC
 A0062920

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

TAXID#
 59-3538777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARTIN THIRER, ESQ

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

1475 CYPRESS CREEK RD#204

City

FT. LAUDERDALE

FL

Zip Code

33309

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.

(If JTE: 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)

☐

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VLADIMIR LIVSCHUTZ
 19073 CLOISTER LAKE
 LANE, BOCA RATON
 FL 33498
 PRESIDENT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 corporation or trust as authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12.

VLADIMIR LIVSCHUTZ, PRESIDENT