

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000097901

FILED  
Apr 16, 2002 8:00 AM  
Secretary of State

**Entity Name:** AMBULATORY MEDICAL ANESTHESIA CONSULTANTS, INC.

**Current Principal Place of Business:**

19073 CLOISTER LAKE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19073 CLOISTER LAKE  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 59-3538777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THIERER, MARTIN  
WEIDNER AND WINICKI, P.A.  
1475 CYPRESS CREEK ROAD 204  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

THIERER, MARTIN  
MARTIN THIERER, ESQ.  
1475 CYPRESS CREEK ROAD 204  
FORT LAUDERDALE, FL 33309 US

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: MARTIN THIERER

04/16/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LIVSCHUTZ, VLADIMIR  
Address: 18520 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LIVSCHUTZ, VLADIMIR  
Address: 19073 CLOISTER LAKE LANE  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VLADIMIR LIVSCHUTZ

D

04/16/2002

Electronic Signature of Signing Officer or Director

Date