

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90190 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000097901 1. Entity Name AMBULATORY MEDICAL ANESTHESIA CONSULTANTS, INC.					
Principal Place of Business 19073 CLOISTER LAKE BOCA RATON, FL 33498			Mailing Address 19073 CLOISTER LAKE BOCA RATON, FL 33498		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3538777	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent THIERER, MARTIN MARTIN THIERER, ESQ. 1476 CYPRESS CREEK ROAD 204 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when eliminating)					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>VLADIMIR LIVSCHUTZ</u> 5/11/03 5:24:46 PM SIGNATURE AND TYPE OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR					

90138421



☐ CHECK HERE IF MAKING CHANGES

06-02-2003 (10/02)