

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

04-17-2000 90123 004 ***150.00

DOCUMENT # P99000070326

1. Entity Name
SPECTRUM ANESTHESIA CORPORATION

Principal Place of Business	Mailing Address
150 S. ANDREWS AVE., STE. 201 POMPAHO BEACH FL 33069	150 S. ANDREWS AVE., STE. 201 POMPAHO BEACH FL 33069-3237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0939352	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

UNGER, JASON L
150 S. ANDREWS AVE., STE. 201
POMPAHO BEACH FL 33069

7. Name and Address of New Registered Agent

Name	JASON UNGER	
Street Address (P.O. Box Number is Not Acceptable)	301 South Bronough Street	
	#600	
City	Tallahassee	FL Zip Code 32301

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  **JASON UNGER** DATE **2-21-00**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-00** Daytime Phone # **954-781-4500**

CR2E034 (9/99)