

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071854

1. Entity Name

AMBULATORY ANESTHESIA AFFILIATES, P.A.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90116 034 ***150.00

Principal Place of Business

Mailing Address

7918 SHENANDOAH LANE
PARKLAND FL 33067

7918 SHENANDOAH LANE
PARKLAND FL 33067-2338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0950506

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, STEVEN E
800 NW 62ND STREET
SUITE 200
FORT LAUDERDALE FL 33309

Name

ALAN S. LEFKIN

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

7918 SHENANDOAH LANE

City

PARKLAND

FL

Zip Code
33067

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 Alan S. Lefkin (ALAN S. LEFKIN) V. PRES. 1/4/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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) ☐

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 ☐ Delete
NAME VD
STREET ADDRESS LEFKIN, ALAN S
CITY-ST-ZIP 7918 SHENANDOAH LANE
PARKLAND FL 33067

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS JANNETTE G. MILLS M.D.
CITY-ST-ZIP 7918 SHENANDOAH LANE
PARKLAND, FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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.

SIGNATURE: Alan S. Lefkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000
Date

954 341-1376
Daytime Phone #

CR2E034 (9/99)