

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080398

1. Entity Name

CRNA ANESTHESIA SERVICE, INC.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90033 004 \*\*\*150.00

Principal Place of Business

**PLUM**  
5796 N. PLUM BAY PARKWAY  
FL 33321

Mailing Address

**PLUM**  
5796 N. PLUM BAY PARKWAY  
TAMARAC FL 33321

A3043536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5796 N. PLUM BAY PKWY  
Suite, Apt. #, etc.

3. Mailing Address

5796 N. PLUM BAY PKWY  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0948058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent-

PORTER, WILLIAM D  
5796 N. PLUM BAY PARKWAY  
TAMARAC FL 33321 **PLUM**

7. Name and Address of New Registered Agent

Name

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

5796 N. PLUM BAY PKWY

City

FL

Zip Code

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

**William D. Porter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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

TITLE **D** ☐ Delete  
NAME **PORTER, WILLIAM D**  
STREET ADDRESS **5796 N. PLUM BAY PARKWAY**  
CITY-ST-ZIP **TAMARAC FL 33321** **PLUM**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5796 N. PLUM BAY PKWY**  
CITY-ST-ZIP

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

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

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NAME  
STREET ADDRESS  
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:

**William D. Porter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

(954) 724-2800

Daytime Phone #

CR2E034 (9/99)