

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90308 005 ***150.00

DOCUMENT # P99000080398

1. Entity Name

CRNA ANESTHESIA SERVICE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10841 NW 36th ST.

Suite, Apt. #, etc.

10841 NW 36th ST

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

Zip

33351

Country

4. FEI Number

65-0948058

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

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

Name

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

10841 NW 36th ST

City

SUNRISE**FL**

Zip Code

33351

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PORTER, WILLIAM D	
STREET ADDRESS	5796 N. PLUM BAY PKWY	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10841 NW 36th St.
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/22/01 (954) 747-5300
Date Day/Time Phone #

CR2E034 (10/00)