

2001 UNIFORM-BUSINESS-REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90024 017 ***150.00

601084



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000083811

1. Entity Name
SMALL ANESTHESIA ASSOCIATES INC.

Principal Place of Business 6441 OLDE MOAT WAY DAVIE FL 33331	Mailing Address 6441 OLDE MOAT WAY DAVIE FL 33331
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0955188	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMALL, DORRELL
 6441 OLDE MOAT WAY
 DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, DORRELL 6441 OLDE MOAT WAY DAVIE FL 33331 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 life empowered

SIGNATURE: *Dorrell* 1/3/00 9544342900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)