Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 DEC 31 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009239914
11/27/02--01054--001 **61.25

DOCUMENT # P99000084113

1. Entity Name
Allmed Anesthesia Associates, P.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4210 Bunker DR.
Suite, Apt. #, etc.
City & State
Sebring, FL
Zip 33872 County USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip County

4. FEI Number 650952529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Ritenour, Anthony L. Esq.
Street Address (P.O. Box Number is Not Acceptable)
551 South Commerce Ave.
City: Sebring, FL FL Zip Code: 33870

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] 12/12/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature must be written individually) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME Jawahir, Mark MD STREET ADDRESS 2128 NW Lakeview DR. CITY-ST-ZIP Sebring, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST NAME Reid, Witford MD STREET ADDRESS 4210 Bunker DR. CITY-ST-ZIP Sebring, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME McCrea-Ryan, Yvette MD STREET ADDRESS 4705 Granada Blvd. CITY-ST-ZIP Sebring, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2ED34B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Jawahir 11/21/02 (863)382-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #