

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90008 025 ***550.00

DOCUMENT # P99000096175

1. Entity Name

AAA ANESTHESIA SERVICES, PA

Principal Place of Business

**5173 ATLANTIC VIEW
 ST AUGUSTINE FL 32084**

Mailing Address

**5173 ATLANTIC VIEW
 ST AUGUSTINE FL 32084**

2. Principal Place of Business

5173 ATLANTIC VIEW

Suite, Apt. #, etc.

3. Mailing Address

5173 ATLANTIC VIEW

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

4. FEI Number

59-3605936

Applied For

☐ Not Applicable

Zip

32080

Country

ST JOHNS

Zip

32080

Country

ST JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, KATHERINE

5173 ATLANTIC VIEW

ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32080

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **MARTIN, KATHERINE**
 STREET ADDRESS **5173 ATLANTIC VIEW**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/01

CR2E034 (5/01)