

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098187

1. Entity Name

DSP ANESTHESIA, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90005 034 ***150.00

Principal Place of Business

~~1304 OAK STREET~~ 1035 S Apollo Blvd
~~SUITE 100~~
 MELBOURNE FL 32901

Mailing Address

~~1304 OAK STREET~~ 1035 S Apollo Blvd
~~SUITE 100~~
 MELBOURNE FL 32901

2. Principal Place of Business

1035 S. Apollo Blvd.

3. Mailing Address

1035 S. Apollo Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3607084

Applied For

Not Applicable

Zip

32901

Country

Zip

32901

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GURRI, JOSEPH M.D.

~~1304 OAK STREET~~ 1035 S Apollo Blvd
~~SUITE 100~~
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

1035 S. Apollo Blvd.

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

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 13, 2000 Min. 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 ☐ Delete
 NAME President
 STREET ADDRESS Joseph Gurri
 CITY-ST-ZIP 1035 S Apollo Blvd
 Melbourne FL 32901

TITLE ☐ Delete
 NAME Vice President
 STREET ADDRESS Richard Hayes
 CITY-ST-ZIP 1035 S Apollo Blvd
 Melbourne FL 32901

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 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 #

CR2E034 (5/00)

Attachment
DIF PGCW098187
DW80229

RICHARD C. CEROW C.P.A.
MICHAEL S. CEROW C.P.A.

RICHARD C. CEROW C.P.A. P.A.
CERTIFIED PUBLIC ACCOUNTANTS
1801 SARNO ROAD, SUITE 3
MELBOURNE, FLORIDA 32935

TELEPHONE 407-242-2511
FAX 407-255-2813

August 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: DSP Anesthesia, Inc.
FEIN: 59-3607084

Dear Sir or Madam:

Please find enclosed the 2000 Uniform Business Report and a check in the amount of \$150.00 with regard to the above captioned client.

I have spoken with a representative from your office and they told me to pay \$150.00, as we had not received the past request because the report was sent to the wrong address originally. We have changed the mailing address on the report and ask that you do the same.

Very truly yours,

Richard C. Cerow

Richard C. Cerow, CPA

Enc.