2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P99000098187

1. Entity Name

DSP ANESTHESIA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 18 PM 1:56

Principal Place of Business	Mailing Address
1035 S. Apollo Blvd. Melbourne, FL 32901	1305 S. Apollo Blvd. Melbourne, FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1304 Oak Street Suite, Apt. #, etc.	1304 Oak Street Suite, Apt. #, etc.
City & State: Melbourne, FL 32901	City & State: Melbourne, FL 32901
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. FEI Number: 59-3607084 ☐ 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
Gurri, Joseph M.D. 1035 S. Apollo Blvd. Melborune, FL 32901	Name: Jacobson, Matthew W. M.D. Street Address (P.O. Box Number is Not Acceptable): 1304 Oak Street City: Melbourne FL Zip Code: 32901

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: _____ DATE: 12/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gurri, Joseph 1035 S. Apollo Blvd. Melbourne, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Jacobson, Matthew W. M.D. 1304 Oak Street Melbourne, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Richard Hines 1035 S. Apollo Blvd. Melbourne, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Saltzman, Lyle M.D. 1304 Oak Street Melbourne, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003514819--7 -12/27/00--01077--021 *****70.00 *****70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/21	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 12/15/00 321-723-4723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Matthew W. Jacobson, M.D., President