

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P99000098187

1. Entity Name

DSP ANESTHESIA, INC.

Principal Place of Business

1035 S. Apollo Blvd.
Melbourne, FL 32901

Mailing Address

1305 S. Apollo Blvd.
Melbourne, FL 32901

2. Principal Place of Business

1304 Oak Street

Suite, Apt. #, etc.

3. Mailing Address

1304 Oak Street

Suite, Apt. #, etc.

City & State

Melbourne, FL 32901

City & State

Melbourne, FL 32901

4. FEI Number

59-3607084

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired

xx

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Curri, Joseph M.D.
1035 S. Apollo Blvd.
Melbourne, FL 32901

7. Name and Address of New Registered Agent

Name
Jacobson, Matthew W. M.D.

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

1304 Oak Street

Melbourne

City

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

Signature typed or printed name of registered agent and title if applicable.

(Not: Registered Agent signature required when reinstating)

12/15/00

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Curri, Joseph
1035 S. Apollo Blvd.
Melbourne, FL 32901 ☒ Delete

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
☐ 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
P/D
Jacobson, Matthew W. M.D.
1304 Oak Street
Melbourne, FL 32901 ☒ Change ☐ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003514819-7
-12/27/00--01077--021
*****70.00 *****70.00 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12/21 ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew W. Jacobson, M.D., President

12/15/00

Date

321-723-4723

Daytime Phone #

CR2E034 (9/99)