

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

0015799 AV

DOCUMENT # P99000098187

1. Entity Name
DSP ANESTHESIA, INC.

08-17-2001 90002 001 ***550.00

Principal Place of Business 1304 OAK STREET MELBOURNE FL 32901	Mailing Address 1304 OAK STREET MELBOURNE FL 32901
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-3607084	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent JACOBSON, MATTHEW W M.D. 1304 OAK STREET MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSON, MATTHEW W M.D. 1304 OAK STREET MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALTZMAN, LYLE M.D. 1304 OAK STREET MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 chairman, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew W. Jacobson* July 25, 2001 (321) 723-4723
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)