

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90048 010 \*\*\*158.75

**DOCUMENT # S53890**

1. Entity Name  
**VANGUARD ANESTHESIA ASSOCIATES, P.A.**

Principal Place of Business <b>2500 N. MILITARY TRAIL          STE. 475          BOCA RATON FL 33431          US</b>	Mailing Address <b>P.O. BOX 810967          BOCA RATON FL 33481-0967          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5355 Town Center Road</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite 1002</b>	Suite, Apt. #, etc.
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City & State <b>Boca Raton, FL</b>	City & State
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4. FEI Number <b>65-0268157</b>	Applied For <input type="checkbox"/> Not Applicable
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Country <b>US</b>	Zip <b>33486</b>	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**KRUGMAN, RICHARD S  
 2500 N. MILITARY TRAIL  
 SUITE 475  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5355 Town Center Road  
 Suite 1002  
 Boca Raton FL 33486**

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 *Richard S. Krugman, M.D.* **Richard S. Krugman, M.D.** 4/10/01  
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 \$150.00  
 After MAY 1, 2001 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	<input type="checkbox"/> Delete <b>CEO            KRUGMAN, RICHARD S. M            2500 N. MILITARY TRAIL STE 475            BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPS            GIORDANO, TAMARA B            2500 N. MILITARY TRAIL STE 475            BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5355 Town Center Rd, Ste 1002            Boca Raton, FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5355 Town Center Rd, Ste. 1002            Boca Raton, FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
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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"/> 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 changed, or on an attachment with an address, with or other title empowered.  
 SIGNATURE: *Tamara B. Giordano* **Tamara B. Giordano** 4/10/01 561-417-3344  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)