

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S62193

1. Entity Name

BAYFRONT ANESTHESIA SERVICES, P.A.



Principal Place of Business

**3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG FL 33704
US**

Mailing Address

**3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG FL 33704
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3072468**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARDER, JEFFREY
3637 4TH STREET NORTH #400
ST PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
MARDER, JEFFREY
998 LAKE PLACIDO CT. NE
ST PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
EVANS, BILL
390 4TH AVE NORTH
TERRA VERDE FL 33715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
LUDNER, CONFIDENT
1416 - 72ND AVE., N.E.
ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
BOYAJIAN, JEOFFREY
2279 MERMAID POINT NE
SAINT PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Jeffrey Marder **Jeffrey Marder**

✓ 2-20-07 727-823-2188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #