

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 042 ***150.00

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

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3072468

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

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	MARDER, JEFFREY	
STREET ADDRESS	998 LAKE PLACIDO CT. NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, BILL	
STREET ADDRESS	390 4TH AVE NORTH	
CITY-ST-ZIP	TERRA VERDE FL 33715	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUDNER, CONFIDENT	
STREET ADDRESS	1416 - 72ND AVE., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYAJIAN, JEOFFREY	
STREET ADDRESS	2279 MERMAID POINT NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Linn MD	
STREET ADDRESS	3637 4th Street N. #400	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Michael Woods MD	
STREET ADDRESS	3637 4th Street N. #400	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Murphy MD	
STREET ADDRESS	3637 4th Street N. #400	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Bill Evans* ✓ Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2-8-08

✓ 27-521-0644

Date

Daytime Phone #