

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63249

1. Entity Name

EDWARD NORMAN ANESTHESIA SERVICE, PA

Principal Place of Business

367 N.W. 58TH COURT
MIAMI FL 33126
US

Mailing Address

367 N.W. 58TH COURT
PRIVATE HOUSE
MIAMI FL 33126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2430764

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

NORMAN, EDWARD S.
367 NW 58TH CT
MIAMI FL 33126

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
NORMAN, EDWARD S.
367 NW 58TH COURT
MIAMI FL ☐ Delete

TITLE
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CITY - ST - ZIP
☐ 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:

Edward S. Norman
EDWARD S. NORMAN (President)

08/08/00

Date

305-266-6149

Daytime Phone #

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 001 ***550.00



DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

091300

0188304

DOCUMENT # V63249

1. Entity Name

EDWARD NORMAN ANESTHESIA SERVICE, PA

ATTACHMENT

ADDITL 50

Principal Place of Business

Mailing Address

367 N.W. 58TH COURT
MIAMI FL 33126
US

367 N.W. 58TH COURT
PRIVATE HOUSE
MIAMI FL 33126-4727
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2430764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
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367 NW 58TH CT
MIAMI FL 33126

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(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
PST
NORMAN, EDWARD S.
367 NW 58TH COURT
MIAMI FL, 33126

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)