### 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

#### Sep 13, 2000 8:00 am Secretary of State **DOCUMENT # V63249** 1. Entity Name EDWARD NORMAN ANESTHESIA SERVICE, PA 09-13-2000 90025 001 \*\*\*550.00 Principal Place of Business Mailing Address 367 N.W. 58TH COURT 367 N.W. 58TH COURT MIAMI FL 33126 PRIVATE HOUSE MIAMI FL 33126 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2430764 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORMAN, EDWARD S. Street Address (P.O. Box Number is Not Acceptable) 367 NW 58TH CT MIAMI FL 33126 City Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITI F TITLE NORMAN, EDWARD S. NAME NAME STREET ADDRESS STREET ADDRESS 367 NW 58TH COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition BILE ☐ Detete TITLE NAME = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

## 000 UNIFORM BUSINESS REPORT (UBR)

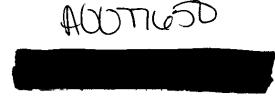
# **DOCUMENT # V63249**

1. Entity Name

#### EDWARD NORMAN ANESTHESIA SERVICE, PA

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	

ATTACHMENT



DO NOT WRITE IN THIS SPACE

		<b>I</b>					
City & State		City & State	City & State		4. FEI Number 59-2430764	Applied For	
					00 2,00.07	Not Applicable	
Zip	Country	Zip Cou		try	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			
	<u> </u>	<del></del>	= =:== <b>W</b> *** =	Name		المستحدد ما الله القرار المعابة ويوجدها	
NORMAN, EDWARD S. 367 NW 58TH CT MIAMI FL 33126			Street Addre	ess (P.O. Box Number is Not Acceptable)			

SIGNATURE

(See criteria on back)

Street Address (P.O. Box Number is Not Acceptable)				
City <b>F</b>	L	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.

	This corporation is eligible to satisfy its Intangible
٠9.	· This corporation is eligible to satisfy its intarigible
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	Tay filling requirement and elects to do so

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550:00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(000 01101	A 511 500011)	Make Check Payable	to bepartment or state			
11.	I. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NORMAN, EDWARD S. 367 NW 58TH COURT MIAMI FL , 33/26	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>,,</b>	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE		- □ Delete - 0,55	TITLE NAME STREET ADDRESS CITY-ST-ZIP	··	Change	Addition
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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