

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90648 018 \*\*\*150.00

**DOCUMENT #** V63249

**1. Entity Name**

EDWARD NORMAN ANESTHESIA SERVICE, PA

**DO NOT WRITE IN THIS SPACE**

**54031433**

<b>2. Principal Place of Business</b> 367 N.W. 58th Court Suite, Apt. #, etc.		<b>3. Mailing Address</b> 367 N.W. 58th Court Suite, Apt. #, etc.	
City & State Miami Florida 33126		City & State Miami Florida	
Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-2430764	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> EDWARD S. NORMAN	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 367 N.W. 58th Court	
<b>City</b> Miami	<b>FL</b> <b>Zip Code</b> 33126

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DPST NORMAN, EDWARD S. 367 N.W. 58th Ct Miami FL 33126	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **EDWARD S. NORMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/2004 (305) 362-9139**

Date

Delegated Filing #

CR2E034B (12/01)