

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015062

1. Entity Name

ABSOLUTE ANESTHESIA CORPORATION ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 037 ***550.00

Principal Place of Business

1825 PONCE DE LEON BLVD.
 SUITE 273
 CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD.
 SUITE 273
 CORAL GABLES FL 33134

2. Principal Place of Business

1825 Ponce De Leon Blvd.

3. Mailing Address

1825 Ponce De Leon Blvd.

Suite, Apt. #, etc.

PMB 273

Suite, Apt. #, etc.

PMB 273

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0830515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

PINO, BERNARD J
 2401 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Bernard J. Pino Bernard J. Pino President

7/14/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA-OTERO, MARIA	
STREET ADDRESS	2401 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134-2110	
TITLE	COO	<input type="checkbox"/> Delete
NAME	PINO, BERNARD J	
STREET ADDRESS	2401 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134-2110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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		
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		

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:

Bernard J. Pino BERNARD J. PINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

305-443-4623

Daytime Phone #

CR2E034 (5/00)