2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90240 022 ***150.00

DOCUMENT # 638157

1. Entity Name

SOUTHEASTERN SURGICAL GROUP, P.A.

Principal Place of Business	Mailing Address
1405 CENTERVILLE RD SUITE 4000 TALLAHASSEE FL 32308 US	1405 CENTERVILLE RD. SUITE 4000 TALLAHASSEE FL 32308-4638 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 Centerville Road	1401 Centerville Road
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: Tallahasee, Florida	City & State: Tallahassee, Florida
Zip: 32308 Country: U.S.	Zip: 32308 Country: U.S.

4. FEI Number 59-1937118 ☐ 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
GREEN, CARLA, A 227 S CALHOUN ST TALLAHASSEE FL 32301	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 $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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SNYDER, DR. ROBERT D. 411 SHANTILLY TERRACE TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUMMERS, GLEEN E. JR. 1405 CENTERVILLE ROAD, SUITE 4000 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 1401 Centerville Road, Suite 100 Tallahassee, Florida 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZORN, RICHARD L. 1405 CENTERVILLE ROAD, SUITE 4000 TALLLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 1401 Centerville Road, Suite 100 Tallahassee, Florida 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: Robert D. Snyder, M.D. 1/12/2000 (850)877-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #