## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 27, 2000 08:00 AM **DOCUMENT # H84751** 1. Entity Name **Secretary of State** SURGERY GROUP OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 201 N.E. 82 AVENUE 4651 SHERIDAN STREET STE. 103 STE. 400 PLANTATION HOLLYWOOD FL FL 33324 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2618345 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTUS 4651 SHERIDAN STREET Street Address (P.O. Box Number is Not Acceptable) STE, 400 HOLLYWOOD FL33021 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. 04/27/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change X Addition HERMAN NAME NAME FREDERICK STREET ADDRESS STREET ADDRESS 201 SW 84TH AVENUE, SUITE 103 CITY-ST-ZIP CITY-ST-ZIP PLANTATION $\mathbf{FL}$ 33324 TITLE ☐ Delete COOP TITLE CEOD X Change ☐ Addition NAME MICHAEL. NAME ROBERT SCHUNDLER COWARD STREET ADDRESS 4651 SHERIDAN STREET, STE.400 STREET ACCRESS 4651 SHERIDAN STREET, STE.400 CITY-ST-ZIF HOLLYWOOD FL 33021 CITY-ST-718 HOLLYWOOD FT. 33021 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME EISENBERG MITCHELL NAME STREET ADDRESS 4651 SHERIDAN STREET, STE.400 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP TITLE EVPD ☐ Defete TITLE ☐ Change ☐ Addition NAME GOLD LEWIS NAME 4651 SHERIDAN STREET, STE.400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP FL. TITLE VPS TITLE ☐ Delete Change ☐ Addition NAME MARTUS JAY NAME STREET ADDRESS 4651 SHERIDAN STREET, STE.400 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

FILED

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.