

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90267 035 ***150.00

DOCUMENT # L70766

1. Entity Name

SARASOTA SURGICAL SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

**SARASOTA SURGICAL SPECIALIST
 1921 WALDEMERE STREET STE 705
 SARASOTA FL 34239
 US**

**SARASOTA SURGICAL SPECIALIST
 1921 WALDEMERE STREET STE 705
 SARASOTA FL 34239-2913
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0189869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORA MD, JOHN D
 1021 WALDEMERE STREET
 STE #705
 SARASOTA FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits the 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

4/28/00

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	P	<input type="checkbox"/> Delete
NAME	NOVAK, RUSSELL	
STREET ADDRESS	1921 WALDEMERE ST STE 705	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWERS, BERT A	
STREET ADDRESS	1921 WALDEMERE ST STE 705	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	REEDER, JOHN W MD	
STREET ADDRESS	1921 WALDEMERE STREET STE 705	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORA MD, JOHN D	
STREET ADDRESS	1921 WALDEMERE ST, #705	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOGLEMAN MD, JAMES H	
STREET ADDRESS	1921 WALDEMERE STREET, #705	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(941)917-6300

Daytime Phone #

CR2E034 19/99