

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 021 ***150.00

DOCUMENT # L70766

1. Entity Name
SARASOTA SURGICAL SPECIALISTS, P.A.

Principal Place of Business SARASOTA SURGICAL SPECIALIST 1921 WALDEMERE STREET STE 705 SARASOTA FL 34239 US	Mailing Address SARASOTA SURGICAL SPECIALIST 1921 WALDEMERE STREET STE 705 SARASOTA FL 34239 US
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DO NOT WRITE IN THIS SPACE

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**

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 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *John D. Novak*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/01**

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, 2001 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	P NOVAK, RUSSELL 1921 WALDEMERE ST STE 705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWERS, BERT A 1921 WALDEMERE ST STE 705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEDER, JOHN W MD 1921 WALDEMERE STREET STE 705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORA MD, JOHN D 1921 WALDEMERE ST, #705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOGLEMAN MD, JAMES H 1921 WALDEMERE STREET, #705 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Russell W. Novak, MD* Date **4/30/01** Daytime Phone # **(941) 917-6300**

CR2E034 (10/00)