


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90469 035 ***150.00

0562359 AV

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**

70048916



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**NORA MD, JOHN D
1021 WALDEMERE STREET
STE #705
SARASOTA FL 34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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 checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 Date
(941) 917-6300 Daytime Phone #

CR2E034 (10/02)