

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91517 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114539

1. Entity Name

SPECIALTY MED-SURG, INC.

30373

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4120 HARBOR LAKE DR.

3. Mailing Address
 4120 HARBOR LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 LUTZ FL

City & State
 LUTZ FL

4. FEI Number
 71-0869962

Applied For
 Not Applicable

Zip
 33558

Country

Zip
 33558

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBERT ELIOT HILL

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

4120 HARBOR LAKE DR.

City LUTZ FL Zip Code 33558

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]

5-10-02

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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LEA-KWAN LOW 4120 HARBOR LAKE DR. LUTZ FL 33558	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRESIDENT ROBERT ELIOT HILL 4120 HARBOR LAKE DR. LUTZ FL 33558	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

[Signature]

4-3-02

813-760 9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #