

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90626 001 ***450.00

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1. Entity Name
USP DESTIN, INC.



Principal Place of Business
DESTIN SURGERY CENTER
4485 FURLING LN
DESTIN FL 32541

Mailing Address
DESTIN SURGERY CENTER
4485 FURLING LN
DESTIN FL 32541



2. Principal Place of Business
15305 Dallas Parkway

3. Mailing Address
15305 Dallas Parkway

Suite, Apt. #, etc.
1600

Suite, Apt. #, etc.
1600

City & State
Addison, TX

City & State
Addison TX

4. FEI Number
51-0426661

Applied For
Not Applicable

Zip
75001

Country
US

Zip
75001

Country
US

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable (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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STEEN, DONALD E**
STREET ADDRESS **15305 DALLAS PKWY STE 1600, LB 28**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **William H. Wilcox**
CITY-ST-ZIP **15305 Dallas Parkway Ste 1600**
Addison, TX 75001

TITLE ☐ Change ☒ Addition
NAME **Vice President and Secretary**
STREET ADDRESS **John J. Wellik**
CITY-ST-ZIP **15305 Dallas Parkway Ste 1600**
Addison, TX 75001

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Wellik **3/13/03** **713-3514**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)