

02-11-2003 90063 024 \*\*\*150.00

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

DOCUMENT # P02000100006

1. Entity Name  
**PONTE VEDRA AMBULATORY SURGERY CENTER,  
 INC.**



Principal Place of Business  
~~520 A1A NORTH STE 203  
 PONTE VEDRA BEACH, FL 32802~~

Mailing Address  
**520 A1A NORTH STE 203  
 PONTE VEDRA BEACH, FL 32802**

2. Principal Place of Business  
**209 Ponte Vedra Park Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**209 Ponte Vedra Park Dr.**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Ponte Vedra Beach, FL**

City & State  
**Ponte Vedra Beach, FL**

4. FEI Number  
**55-0806256**

Applied For  
 Not Applicable

Zip Country  
**32082 U.S.A.**

Zip Country  
**32082 U.S.A.**

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

6. Name and Address of Current Registered Agent  
**FAIRBANKS, RANDAL C  
 217 PONTE VEDRA PARK DRIVE STE 200  
 PONTE VEDRA BEACH, FL 32802**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES 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	<del>B</del> <b>RUMSEY, C.CAYCE III</b> <del>520 A1A NORTH STE 203</del> <b>PONTE VEDRA BEACH, FL 32802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>B</del> <b>BURKE, ROBERT III</b> <del>520 A1A NORTH STE 203</del> <b>PONTE VEDRA BEACH, FL 32802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <b>SCIOSCIA, PAUL III</b> <del>520 A1A NORTH STE 203</del> <b>PONTE VEDRA BEACH, FL 32802</b>	<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"/> 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	<b>DPS</b> <b>209 Ponte Vedra Park Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>Burk, Robert III</b> <b>209 Ponte Vedra Park Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>209 Ponte Vedra Park Dr.</b>	<input checked="" 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)(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: \_\_\_\_\_ DATE: **2/7/03** PHONE: **904-273-6200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)