

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90097 008 ***150.00

DOCUMENT # **P94000041969**



1. Entity Name
THE SURGERY GROUP, P.A.

Principal Place of Business
**1717 N.E. "E" STREET
SUITE 434
PENSACOLA FL 32501
US**

Mailing Address
**1717 N. "E" STREET
SUITE 434
PENSACOLA FL 32501
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256236**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON, JOSEPH
1717 N. "E" ST. #434
PENSACOLA FL 32501**

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 *Joseph Leon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **RUBEY, ROBERT M.D.**
STREET ADDRESS **1717 N. "E" STREET, SUITE 434**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** Change Addition
NAME **TYSON, JOHN W. MD**
STREET ADDRESS **1717 NORTH "E" ST. STE 434**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **ST** Delete
NAME **HODNETTE, F. BROOKS JR.**
STREET ADDRESS **1717 N. "E" STREET, SUITE 434**
CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **TUCKER, JOHN A MD**
STREET ADDRESS **1717 N. "E" STREET, STE. 434**
CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LEON, JOSEPH F M.D.**
STREET ADDRESS **1717 N. "E" STREET, SUITE 434**
CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CALUDA, MICHAEL J**
STREET ADDRESS **1713 NORTH E STREET SUITE 434**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)