

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90004 012 ***150.00

DOCUMENT # P98000058388

1. Entity Name
SURGERY CENTER OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address
1655 HIGHWAY 441 NORTH **245 N.E. 19TH DRIVE**
OKEECHOBEE FL 34972 **OKEECHOBEE FL 34972-1933**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0847931** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RAPPEL, ROBERT
2770 INDIAN RIVER BLVD.
SUITES 314/315
VERO BEACH FL 32960-4230

7. Name and Address of New Registered Agent
 Name **RAPPEL, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable) **5070 HWY A1A - NORTH - SUITE 221**
RAPPEL + RAPPEL
 City **VERO BEACH** FL Zip Code **32963-1216**

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANZA, JOHN M.D. 200 19TH DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, RICHARD M.D. 245 19TH DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, JOHN M.D. 235 N.E. 19TH DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURESHI, ZAFAR M.D. 214 N.E. 19TH DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MANUEL M.D. 306 N.E. 19TH DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MARC M.D. P.O. BOX 494H DRIVE OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* SIGNATURE **JOHN LANZA** Date **1/11/00** Daytime Phone # **941-357-6220**
 M.D.

CR2E034 (9/99)