

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90115 003 ***150.00

DOCUMENT # P99000038048

1. Entity Name

SURGERY CONSULTANTS OF AMERICA, INC.

Principal Place of Business

Mailing Address

**8191 COLLEGE PKWY,STE.310
 FT.MYERS FL 33919**

**8191 COLLEGE PKWY,STE.310
 FT.MYERS FL 33919-5121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0908721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARUSO, TODD A
 8191 COLLEGE PKWY,STE.310
 FT.MYERS FL 33919**

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.

SIGNATURE _____

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)

**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SERBIN, CARYL	8191 COLLEGE PKWY,STE.310	FT.MYERS FL 33919	<input type="checkbox"/> Delete			
D	ENGLISH, JUDITH	8191 COLLEGE PKWY,STE.310	FT.MYERS FL 33919	<input type="checkbox"/> Delete			
D	CARUSO, TODD A	8191 COLLEGE PKWY,STE.310	FT.MYERS FL 33919	<input type="checkbox"/> Delete			
D	STOKES, WILLIAM	224 METROCENTER BLVD.,UNIT 208	NASHVILLE TN 37228	<input checked="" type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

Daytime Phone # _____

CR2E034 (9/99)