

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


**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

0517470 AV

01-29-2003 90174 037 \*\*\*150.00

**DOCUMENT # P99000038048**

1. Entity Name  
**SURGERY CONSULTANTS OF AMERICA, INC.**



Principal Place of Business  
**12734 KENWOOD LANE  
SUITE 69  
FT.MYERS FL 33907  
US**

Mailing Address  
**12734 KENWOOD LANE  
SUITE 69  
FT.MYERS FL 33907  
US**



2. Principal Place of Business  
**12734 KENWOOD LANE**  
Suite, Apt. #, etc.  
**SUITE 69**

3. Mailing Address  
**12734 KENWOOD LANE**  
Suite, Apt. #, etc.  
**SUITE 69**

CHECK HERE IF MAKING CHANGES

City & State  
**FT MYERS FL**

City & State  
**FT MYERS FL**

Zip  
**33907**

Country  
**USA**

Zip  
**33907**

Country  
**USA**

4. FEI Number **65-0908721**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SERBIN, CARYL A**  
**12734 KENWOOD LANE**  
**SUITE 69**  
**FT.MYERS FL 33907**

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 \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SERBIN, CARYL 12734 KENWOOD LANE #69 FT.MYERS FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP ENGLISH, JUDITH 12734 KENWOOD LANE #69 FT.MYERS FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARUSO, TODD A 8191 COLLEGE PARKWAY #302 FT.MYERS FL 33919</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		<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
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: **SIGNATURE REQUIRED** **1/20/03** **239-482-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)