2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90877 006 ***150.00

DOCUMENT # P99000096220

1. Entity Name
PREMIER SURGICAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3533 DOCKSIDE DR N	3533 DOCKSIDE DR N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JACKSONVILLE FL	JACKSONVILLE FL
City & State	City & State
Zip 32257 Country USA	Zip 32257 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593609136 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BRAD POUNDS

Street Address (P.O. Box Number is Not Acceptable)
3533 DOCKSIDE DR N

City JACKSONVILLE FL Zip Code 32257

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 _____ 4-29-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT + TREASURER
NAME	BRAD POUNDS
STREET ADDRESS	3533 DOCKSIDE DR N
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

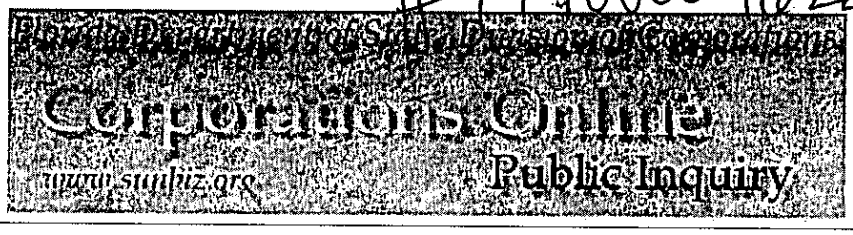
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

www.sunbiz.org Attachment # P99000096220/0662995



Florida Profit

PREMIER SURGICAL, INC.

PRINCIPAL ADDRESS
3533 DOCKSIDER DRIVE NORTH
JACKSONVILLE FL 32257

296-7828

MAILING ADDRESS
3533 DOCKSIDER DRIVE NORTH
JACKSONVILLE FL 32257

x-413
4M 4-25-02

Document Number	FEI Number	Date Filed
P99000096220	593609136	10/29/1999
State	**Status**	**Effective Date**
FL	ACTIVE	01/02/2000

Registered Agent

Name & Address
POUNDS, BRAD D 3533 DOCKSIDER DRIVE NORTH JACKSONVILLE FL 32257

268-9520

Officer/Director Detail

Name & Address	Title
POUNDS, BRAD D 3533 DOCKSIDER DRIVE NORTH JACKSONVILLE FL 32257	PVST
POUNDS, BRAD D 3533 DOCKSIDER DRIVE NORTH JACKSONVILLE FL 32257	D

Annual Reports

Report Year	Filed Date	Intangible Tax
2001	05/15/2001	Y