

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39378

1. Entity Name

FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS.

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

01-28-2000 90118 001 ****61.25

Principal Place of Business

Mailing Address

502 E. JEFFERSON STREET
TALLAHASSEE FL 32301
US

502 E. JEFFERSON STREET
TALLAHASSEE FL 32301-2537
US

2. Principal Place of Business

1530 Metropolitan Blvd.

3. Mailing Address

1530 Metropolitan Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3033878

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

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

LOHRENGEL, PETER
502 E. JEFFERSON STREET
TALLAHASSEE FL 32301

Name

Peter Lohrengel

Street Address (P.O. Box Number is Not Acceptable)

1530 Metropolitan Blvd.

City

Tallahassee

FL

Zip Code

32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ST. LOUIS, DONNA
STREET ADDRESS 539 PASADENA AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PARM, GEN
STREET ADDRESS 160 BOSTON AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE P ☒ Change ☐ Addition
NAME Gen Parm
STREET ADDRESS 160 Boston Ave.
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE P ☐ Delete
NAME DINGMAN, LINDA
STREET ADDRESS 1000 S. ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ Addition
NAME Linda Dingman
STREET ADDRESS 1000 S. Orlando Ave
CITY-ST-ZIP Winter Park, FL 32789

TITLE ST ☐ Delete
NAME LENTZ, PATY
STREET ADDRESS 17560 W HWY 441
CITY-ST-ZIP MT DORA FL 32757

TITLE ST ☒ Change ☐ Addition
NAME Patsy Lentz
STREET ADDRESS 17560 W. Hwy 441
CITY-ST-ZIP Mt. Dora, FL 32757

TITLE D ☐ Delete
NAME HOLZEN, KENNA
STREET ADDRESS 4800 LINTON BLVS., STE B
CITY-ST-ZIP DELRAY BEACH FL 33445

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

352-735-4100

Date

Daytime Phone #

CR2E037 (9/99)