

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39378

1. Entity Name

FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS, INC.

Principal Place of Business

Mailing Address

530 METROPOLITAN BLVD  
TALLAHASSEE FL 32303  
S

1530 METROPOLITAN BLVD  
TALLAHASSEE FL 32303  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32308

32308

4. FEI Number

59-3033878

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

32308

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	S	<input type="checkbox"/> Delete
NAME	PROCUNAR, DIANA	
STREET ADDRESS	325 AVE. B., NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARM, GEN	
STREET ADDRESS	160 BOSTON AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINGMAN, LINDA	
STREET ADDRESS	1000 S. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENTZ, PATSY	
STREET ADDRESS	17580 W HWY 441	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLZEN, KENNA	
STREET ADDRESS	4800 LINTON BLVS., STE B	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shipman, Martin	
STREET ADDRESS	3334 Capital Medical Blvd. Ste. 500	
CITY-ST-ZIP	Tallahassee, FL 32308-4416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/23/02 210/222-3000

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90157 024 \*\*\*\*61.25

80029327



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)