

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State
01-27-2002 90049 014 ***158.75

DOCUMENT # 367998
Entity Name
SARASOTA SURGICAL CLINIC, INC.

Principal Place of Business
501 N. DR.
5725
SARASOTA FL 34239

Mailing Address
1501 N. DR.
25725
SARASOTA FL 34239



Principal Place of Business
Suite, Apt. #, etc.

Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FLA

City & State
SARASOTA

Zip
34239

Country
USA

Zip
34239

Country
USA

4. FEI Number 24-1502772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, CHARLES A
1501 NORTH DR.
SARASOTA FL 34239

7. Name and Address of New Registered Agent
Name CHARLES A JOHNSON MD
Street Address (P.O. Box Number is Not Acceptable)
1501 NORTH DRIVE
SARASOTA
City FL Zip Code 34239

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, 2002 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	MD JOHNSON, CHARLES A 1501 NORTH DR. SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** Charles A Johnson MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)