


04-28-2003 91524 045 ***150.00

4/2

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

DOCUMENT # 523899			
1. Entity Name FLORIDA SURGICAL GROUP, P.A.			
Principal Place of Business 106 BOSTON AVENUE ALTAMONTE SPRGS, FL 32701		Mailing Address 106 BOSTON AVENUE ALTAMONTE SPRES, FL 32701	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GERSCOVICH, EUGENIO A. 106 BOSTON AVENUE ALTAMONTE SPRGS, FL 32701		Name: JEFFERY R. CRYAR Street Address (P.O. Box Number is Not Acceptable): 106 BOSTON AVE # 206 ALTAMONTE SPRINGS City: FL 32701	
8. The above named entity submits this statement for the purpose of changing its registers of office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/22/03	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VPD NAME: GERSCOVICH, E.A. STREET ADDRESS: 106 BOSTON AVE. CITY-ST-ZIP: ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete	TITLE: VPRESIDENT NAME: GERSCOVICH, E.A. STREET ADDRESS: SAME CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: ULCH, GEORGE A. STREET ADDRESS: 106 BOSTON AVE. CITY-ST-ZIP: ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: YURSO, J. MICHAEL STREET ADDRESS: 106 BOSTON AVE. CITY-ST-ZIP: ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete	TITLE: VPD NAME: YURSO, J. MICHAEL STREET ADDRESS: SAME CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: CRYAR, JEFFREY STREET ADDRESS: 106 BOSTON AVENUE CITY-ST-ZIP: ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: CRYAR, JEFFREY STREET ADDRESS: SAME CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<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: <i>[Signature]</i>		DATE: 4/23/03	

55052879

CHECK HERE IF MAKING CHANGES



CR2E034 (10/02)

Attachment

FLORIDA SURGICAL GROUP, P.A. 01-01
106 BOSTON AVE, STE 206
ALTAMONTE SPRINGS, FL 32701-4712

BANK OF AMERICA
NATIONAL ASSOCIATION
JACKSONVILLE, FL 32202-3664
63-47630

10090405

52308

4042003

PAY TO THE ORDER OF DEPARTMENT OF STATE

\$ **150.00

One Hundred Fifty and 00/100 *****DOLLARS

DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

523899

MEMO Corporate filing fee

[REDACTED]

Attachment #
[REDACTED] 55052879
523899

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008068756

APR 28 2003

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10090405
BANK OF AMERICA, NA JAX
#063000974 ES076 01 P01
05/08/03

RS DATE 05/08/03
P01 E C 053 NF