

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91610 013 ***150.00

DOCUMENT # 600929

1. Entity Name
BOCA SURGICAL ASSOCIATES, P.A.

Principal Place of Business

**951 NW 13TH ST SUITE 1C
 BOCA RATON FL 33486-9388**

Mailing Address

**951 NW 13TH ST SUITE 1C
 BOCA RATON FL 33486-9388**

2. Principal Place of Business

670 Blades Road

Suite, Apt. #, etc.

300

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

3. Mailing Address

670 Blades Road

Suite, Apt. #, etc.

300

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

4. FEI Number

59-1279764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LIEBLER, FREDERICK B.

951 N.W. 13TH STREET

SUITE #1-C

BOCA RATON FL 33486-9388

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **PD** ☐ Delete
 NAME **LIEBLER, FREDERICK**
 STREET ADDRESS **951 NW 13TH ST 1-C**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ Delete
 NAME **ROBINSON, GERALD R.**
 STREET ADDRESS **951 NW 13TH ST 1-C**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☒ Delete
 NAME **BIEL, ALBERT G.**
 STREET ADDRESS **951 NW 13TH ST 1-C**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ Delete
 NAME **PORTERFIELD, LEE A.**
 STREET ADDRESS **951 NW 13TH ST 1-C**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
 NAME **WULKAN, DAVID L.**
 STREET ADDRESS **951 NW 13TH ST #1-C**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
 NAME **BARRON, JAMES R.**
 STREET ADDRESS **951 NW 13TH ST., #1-C**
 CITY-ST-ZIP **BOCA RATON FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **670 Blades Road Ste. 300**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **670 Blades Road Ste. 300**
 CITY-ST-ZIP **Boca Raton, FL 33431**

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TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **670 Blades Road Ste. 300**
 CITY-ST-ZIP **Boca Raton, FL 33431**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)