## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # 604059** SURGICAL ASSOCIATES OF CENTRAL FLORIDA, P.A. 01-16-2001 90059 041 \*\*\*150 00 Mailing Address Principal Place of Business 1181 ORANGE AVENUE 1181 ORANGE AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 0165000 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1447035 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOUIS HEBARR, M.D. MILLER, GENE C M.D. Street Address (P.O. Box Number is Not Acceptable) 1181 ORANGE AVENUE WINTER PAKR FL 32789 1181 ORANGE AVENUE WINTER PARK 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F TITLE BARR, LOUIS H. M.D. IIBI ORANGE AVENUE MILLER, GENE C NAME NAME STREET ADDRESS STREET ADDRESS 1181 ORANGE AVENUE WINTER PARK, FLORIDA 32789 CITY-ST-ZIP WINTER PARK, FL 00000 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE PORTO CHESE, JOSEPH D. M.D. WIER, DARYL D MD NAME 1181 ORANGE AUGMUR 1181 ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 00000 WINTER PARK, FLORIDA 3278 ☐ Addition TD ☐ Delete TITLE SD TITLE POSADA, ROBERTO & M.D. PORTOGHESE, JOSEPH D M.D. NAME NAME STREET ADDRESS 11 BI ORANGE AVENUE -1181 ORANGE AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP ININTER PARK, FLORIDA ☐ Addition ٧D TITLE TITLE WIER, DARYL D. M.D. NBI ORANGE AVENUE THIELER, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 1181 ORANGE AVE CITY-ST-ZIP WINTER PARK, FLORIDA WINTER PARK, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE BARR, LOUIS H. NAME 1181 ORANGE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME POSADA, ROBERTO G. NAME STREET ADDRESS 1181 ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR