

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604059

1. Entity Name

SURGICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Principal Place of Business

1181 ORANGE AVENUE
WINTER PARK, FL 32789

Mailing Address

1181 ORANGE AVENUE
WINTER PARK, FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1447035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, LOUIS H

1181 ORANGE AVENUE
WINTER PARK FL 32789

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 BARR, LOUIS H M.D.
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Delete
NAME WIER, DARYL D MD
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK, FL 00000

TITLE VPD ☐ Delete
NAME PORTOGHESE, JOSEPH D M.D.
STREET ADDRESS 1181 ORANGE AVE.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE TD ☐ Delete
NAME WIER, DARRYL D M.D.
STREET ADDRESS 1181 ORANGE AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE SD ☒ Delete
NAME BARR, LOUIS H.
STREET ADDRESS 1181 ORANGE AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE SD ☐ Delete
NAME POSADA, ROBERTO G.
STREET ADDRESS 1181 ORANGE AVE
CITY-ST-ZIP WINTER PARK FL 32789

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TIMOTHY C. CHILDERS, M.D. ☐ Change ☒ Addition
NAME 1181 ORANGE AVENUE
STREET ADDRESS WINTER PARK, FLORIDA 32789
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME THOMAS K. MAHAN, M.D.
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK, FLORIDA 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-3-2002

Date

407-647-4331

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90015 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)