

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604551

1. Entity Name
OSCEOLA SURGICAL CONSULTANTS, P.A.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90030 020 ***150.00

Principal Place of Business Mailing Address
101 WEST OAK STREET, SUITE D 461 WEST OAK STREET, SUITE D
FL 34741 KISSIMMEE FL 34741-6624

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1480334** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GONZALES, PEDRO MD Name
461 WEST OAK STREET Street Address (P.O. Box Number is Not Acceptable)
SUITE D City FL Zip Code
KISSIMMEE FL 34741

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 _____ (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, 2000 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, PEDRO I		NAME		
STREET ADDRESS	461 W. OAK ST., SUITE D		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, PEDRO MD		NAME		
STREET ADDRESS	461 WEST OAK STREET, STE. D		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: 2-9-2000 DAYTIME PHONE #: 407-846-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)