

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90097 019 ***150.00

DOCUMENT # 638157

1. Entity Name
SOUTHEASTERN SURGICAL GROUP, P.A.



Principal Place of Business
**1401 CENTERVILLE ROAD
100
TALLAHASSEE FL 32308
US**

Mailing Address
**1401 CENTERVILLE ROAD
100
TALLAHASSEE FL 32308
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1937118**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GREEN, CARLA, A
227 S CALHOUN ST
TALLAHASSEE FL 32301**

Name
Robert D. Snyder, M.D.
Street Address (P.O. Box Number is Not Acceptable)
1401 Centerville Road, Suite 100
City
Tallahassee **FL** Zip Code
32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert D. Snyder* **Robert D. Snyder, M.D.** **1/16/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SNYDER, DR. ROBERT D.
411 SHANTILLY TERRACE
TALLAHASSEE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SUMMERS, GLENN E. JR.
1401 CENTERVILLE ROAD, SUITE 100
TALLAHASSEE FL 32308** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ZORN, RICHARD L.
1401 CENTERVILLE ROAD, SUITE 100
TALLAHASSEE FL 32308** ☐ Delete

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

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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: *Robert D. Snyder* **ED Robert D. Snyder, M.D.** **1/6/03** **(850)877-5183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)