

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27270**

1. Entity Name

PHYSICIANS SURGERY CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 10:16

Principal Place of Business

4035 EVANS AVE.
FT. MYERS FL 33901

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238-0546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2924183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. Capital Contributions
as Shown on record.

\$360,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

M94000000169

NAME

SCA-FT. MYERS, LLC LIMITED COMPANY

STREET ADDRESS

ONE HEALTHSOUTH PKWY.

CITY - ST - ZIP

BIRMINGHAM AL 35243

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Richard E. Botts, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard E. Botts, Sr. VP 1/25/00 (205) 967-711

Date

Daytime Phone #