

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002681

Entity Name

Physician Surgery Center
of Indian River, LTD.

Principal Place of Business

Mailing Address

Principal Place of Business

1000 36th Street

Suite, Apt. #, etc.

3. Mailing Address

1000 36th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0890033

Applied For

Not Applicable

Zip

32960

Country

Zip

32960

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

Name

Susi, Jeffery L.

Street Address (P.O. Box Number is Not Acceptable)

1000 36th Street

City Vero Beach

FL

Zip Code
32960

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

4/28/00

Capital Contributions

as Shown on record

\$100.00

10. Amount of Capital Contributions

in FLORIDA to date \$100.00

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 #	N96000004547	STREET ADDRESS	
NAME	Health Systems of Indian River	CITY-ST-ZIP	9000003280379--4
STREET ADDRESS	1000 36th Street		-06/07/00--01092--009
CITY-ST-ZIP	Vero Beach, FL 32960		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jeffery L. Susi

Date

Daytime Phone

4/28/00

561-567-4311

Ext 1100

CR 003 (9/99)