

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006738

1. Entity Name
SSI SURGICAL SERVICES, INC.



FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90178 005 ***150.00

0114811 AV

Principal Place of Business
5776 HOFFNER AVENUE, SUITE #200
ORLANDO FL 32822

Mailing Address
5776 HOFFNER AVENUE, SUITE #200
ORLANDO FL 32822

10027846



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 11-2621408

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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 CD
NAME SICKLER, JOHN J
STREET ADDRESS 630 W. GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

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

TITLE PD
NAME RIDDELL, TODD
STREET ADDRESS 5776 HOFFNER AVENUE, SUITE #200
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE V
NAME IRWIN, MIKE
STREET ADDRESS 5776 HOFFNER AVENUE, SUITE #200
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE TCOO
NAME D'ASLESIO, PAUL
STREET ADDRESS 5776 HOFFNER AVENUE, SUITE #200
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE SD
NAME CHANCE, STEVEN K
STREET ADDRESS 630 W. GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

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

TITLE AS
NAME SSCHWARTZ, JOAN W
STREET ADDRESS 155 S LIMERICK RD
CITY-ST-ZIP LIMERICK PA 19468 ☐ Delete

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

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:

Signature Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 610-948-2880

Date

Daytime Phone #

CR2E034 (10/02)