2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

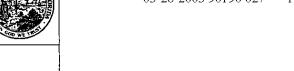
F22035 DOCUMENT

SIGNATURE:

1. Entity Name VIRGILIO F. FLORESCA, M.D., P.A.



Mar 26, 2003 8:00 am 5 Secretary of State 03-26-2003 90190 027 ***150.00 **FILED**



Principal Place of Business BELLEAIR SURGERY CENTER 1130 POCE DE LEON BLVD CLEARWATER FL 34616				Mailing Address 6555 GREENBRIAR DRIVE SEMINOLE FL 33777								
2. Principal Place of Business			3. Mai	3. Mailing Address				I HUDIKUM (1918 STAFE HIDIF EDITO HILUL D	IJI BIDIR DIDI) B1011 01011 0	IVBH BIBU 1831	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				& State		4.		4. FEI Number 59-2072695		Applied For Not Applicable]
Zip Country		Zip	Zip		Country		5. Corplinate of Chalus Desired			\$8:75 Additional Fee Required		
	6. Name	and Address of Curr	ent Registere	ed Agent			7. N	lame and Address of New Regis	tered Ag	ent		1
FLORESCA, VIRGILIO F							Name ,					
6555 GREENBRIAR DRIVE				Street Ad			dress (P.O. Box Number is Not Acceptable)					
SEMINOL	E FL 33777	•										
•						City			FL	Zip Code	e	
	named entity ions of regist		nt for the purp	ose of changing its	registere	ed office or re	gistered age	ent, or both, in the State of Florida	. I am far	niliar with,	and accept	1
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if app	licable. (NOTE	: Registere	d Agent signature r	equired when re	instating)	DATE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer						Election Campaign Financ Trust Fund Contribution.	ing		0 May Be I to Fees	
10.	0070	OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE		_		إ إ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6555 GRE	a, virgilio f Enbriar dr. E FL 33777		☐ Delete					(Change	Addition	00/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete]	Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	~	E ET ADDRESS			[Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ Delete	TITLE NAM STRE	I .			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I		· · · · · · · · · · · · · · · · · · ·]	Change	Addition	
TITLE NAME Street Address City-St-Zip				☐ Delete						Change	Addition	
indicated of the cor	on this repor poration or th	t or supplemental repo	ort is true and mpowered to	accurate and that me execute this report a	ıy signat	ure shall have	e the same I	119.07(3)(i), Florida Statutes. I fur egal effect as if made under oath da Statutes; and that my name ap	that I am	an officer	or director	