

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004896

1. Entity Name

SSI SURGICAL SERVICES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 049 ***150.00

Principal Place of Business

5776 HOFFNER AVENUE, SUITE 200
ORLANDO FL 32822

Mailing Address

5776 HOFFNER AVENUE, SUITE 200
ORLANDO FL 32822-4801

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

59-3448030

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

TITLE S ☐ Delete
NAME CHANCE, STEVEN K
STREET ADDRESS 630 WEST GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP PLYMOUTH PA 19462

TITLE TAS ☐ Delete
NAME GAMBONE, STEPHEN J
STREET ADDRESS 155 SOUTH LIMERICK ROAD
CITY-ST-ZIP LIMERICK PA 19468

TITLE D ☐ Delete
NAME BUCKELEW, LARRY C
STREET ADDRESS ONE WECK DRIVE
CITY-ST-ZIP RESEARCH TRIANGLE PARK NC 27709

TITLE D ☒ Delete
NAME DEIGNAN, D. M
STREET ADDRESS 225 UNDERHILL BLVD
CITY-ST-ZIP SYOSSET NY 11791

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Director ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/2000 610948-28