

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0996210

DOCUMENT # **G01410**

1. Entity Name
MANATEE SURGICAL SPECIALISTS, PA

FILED

01 AUG -8 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~300 RIVERSIDE DR E 4100
BRADENTON FL 34208-1034~~

See
Correction
below

Mailing Address
**201 4TH AVE EAST
SUITE 2
BRADENTON FL 34208
US**

2. Principal Place of Business
201 4th Ave East

3. Mailing Address

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State

4. FEI Number **59-2220041**

Applied For
Not Applicable

Zip
34208

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HASSAN A. SAMIR
201 4TH AVE E STE 2
BRADENTON FL 34208**

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HASSAN, A. SAMIR 201 4TH AVE EAST SUITE 2 BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, A. SAMIR 201 4TH AVE EAST SUITE 2 BRADENTON, FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004548223-6 -08/22/01--01019--016 ****150.00 ****150.00
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CR2E034 (5/01)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(SIGNATURE REQUIRED)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Manatee Surgical Specialists, P.A.
General and Vascular Surgery

A. Samir Hassan, MD, FACS, FICS

Diplomate of the American College of Surgeons
Fellow American College of Surgeons
Fellow International College of Surgeons

Gary M. Bunch, MD, FACS

Fellow American College of Surgeons

August 1, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Dear Sirs or Madam,

Today I was informed by my third office manager this year (Jan-July 2001) that one of my previous office managers did not file our Uniform Business Report (UBR). My accountant confirmed with your office today that the report has not been received.

A review of our history shows that we have filed timely in the past. This event was unusual in that we have had three different office managers this year.

Please abate the late filing penalty. Our fee of \$150.00 is enclosed. Thank you for your consideration.

Sincerely,



A. Samir Hassan, MD
President
Manatee Surgical Specialists, P.A.
Ash/sl