2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am DOCUMENT # H92458 **Secretary of State** 1. Entity Name SURGEON DRIVE MEDICAL COMPLEX ASSOCIATION OF TAL 07-25-2001 90007 049 ***150.00 Principal Place of Business Mailing Address 1511 SURGEONS DRIVE 1511 SURGEONS DRIVE 6001/4404 SUITE C SUITE C TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address 1511 Surgeons 1511 Surgeons Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Sui Te Suite City & State City & State 4. FEI Number Applied For 59-2638951 Tallahassee Tallahassee, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired can 32317 Leon Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERCE, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN STREET TALLAHASSEE 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (5/01 ☐ Change BELLAMY, RAYMOND E. M.D. NAME NAME 1511 SURGEONS DR STE C STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete ☐ Change ☐ Addition WINCHESTER, GARY E. NAME 1511 SURGEONS DR. STE A STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete ☐ Change ☐ Addition HEMPEL, KARL F NAME NAME STREET ADDRESS 1511 SURGEONS DR STE A STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.

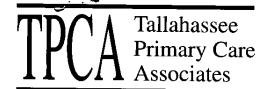
SIGNATURE:

CONTURE REQUIRED

7-18-01

Date Daytime Phone #

FILED



Winchester & Hempel

Board Certified Diplomates American Board of Family Practice

Affachment #H92458 COD74858

Karl F. Hempel, M.D. President

Louis St. Petery, M.D. Vice-President

Gary E. Winchester, M.D. Treasurer

Secretaries
Nectar Aintablian, M.D.
Alfreda D. Blackshear, M.D.
Susan McGill Cross, M.D.
Patricia Hogan, M.D.
William T. Kepper, M.D.
Esaias Lee, M.D.

- Estatas Lee, M.D.

- Charles G. Long, M.D.

Robert O. Middlemas III, M.D.

Sam H. Moorer Jr., M.D.

William L. Morse, M.D.

H. Whit Oliver, M.D.

Laura Preston, M.D.

Fred H. Ross, M.D.

Julia St. Petery, M.D.

Mary Beth Seay, M.D.

Thomas G. Serio, M.D.

Wendy Thompson, M.D.

Chris VanSickle, M.D.

Michael Wilhoit, M.D.

Gregory A. Williams, D.O.

Edwardo Williams, M.D.

Thomas G. Harrison Chief Executive Officer July 18, 2001

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

Dear Sir:

Enclosed are my "2001 Uniform Business Report" and check for \$150.00. I did not receive the first form, perhaps because it was sent to Suite C and should have been Suite A. I have made the corrections on the form for next year. I understand since I did not receive the first form the late fee will be waived.

Sincerely,

Gary E. Winchester, M.D.

Pat Walden
Office Manager

GEW/pw