

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92458

1. Entity Name
SURGEON DRIVE MEDICAL COMPLEX ASSOCIATION OF TAL
LAHASSEE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:52

Principal Place of Business
1511 SURGEONS DRIVE
SUITE A
TALLAHASSEE FL 32312
US

Mailing Address
1511 SURGEONS DRIVE
SUITE A
TALLAHASSEE FL 32312
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2638951

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BELLAMY, RAYMOND E. M.D.
1511 SURGEONS DR STE C
TALLAHASSEE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WINCHESTER, GARY E.
1511 SURGEONS DR. STE A
TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400019100134
05/16/03--01012--007 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HEMPEL, KARL F
1511 SURGEONS DR STE A
TALLAHASSEE FL 32312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

GARY E. WINCHESTER REQUIRE Gary E. Winchester

Date

Daytime Phone #

850-878-634

CR2E034 (10/02)

Karl F. Hempel, M.D.
President

May 9, 2003

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

Gary E. Winchester, M.D.
Treasurer

Florida Department of State
Division of Corporations
P.O. Box 6427
Tallahassee, Florida 32314

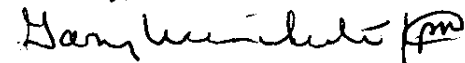
Secretaries

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.
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.

Dear Sir:

Enclosed are my "2003 Uniform Business Report" and check for \$150.00. I did not receive this form until May 8, 2003, it was delivered to Suite C. Dr. Bellamy is Suite C and has closed his office, apparently without office staff the form was misplaced. I understand under these circumstances you will waive the late fee.

Sincerely,



Gary E. Winchester, M.D.

Thomas G. Harrison
Chief Executive Officer

Encl

Pat Walden
Office Manager

GEW/pw