

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90011 026 ***150.00

DOCUMENT # J92365

1. Entity Name

TAMPA OUTPATIENT SURGICAL FACILITY, INC.

Principal Place of Business

Mailing Address

~~JEREMY P. ROSS~~
~~AZEELE ST~~
~~FL 33603~~

~~% J.W.N. RUGG~~
~~ONE TAMPA CITY CENTER BLDG. #2100~~
~~TAMPA FL 33602-5810~~

2. Principal Place of Business

5013 N. Armenia Ave.

Suite, Apt. #, etc.

3. Mailing Address

% Joseph Rugg

P.O. Box 3273



DO NOT WRITE IN THIS SPACE

City & State
 Tampa, Florida

City & State
 TAMPA, FLORIDA

4. FEI Number 59-2844884

Applied For
 Not Applicable

Zip 33603 Country USA

Zip 33601-3273 Country USA

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

6. Name and Address of Current Registered Agent

~~DYKEMA, MARY E~~
~~% JOSEPH W.N. RUGG~~
~~ONE TAMPA CITY CENTER BLDG., #2100~~
~~TAMPA FL 33601~~

7. Name and Address of New Registered Agent

Name Joseph W.N. RUGG

Street Address (P.O. Box Number is Not Acceptable)

100 South Ashley Drive

Suite 1500

City TAMPA

FL

Zip Code 33602

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)

1/15/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME SAPHIER, ALBERT
 STREET ADDRESS 2708 AZEELE ST.
 CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
 NAME MEZRAH, JACK
 STREET ADDRESS 2708 AZEELE ST.
 CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ~~D~~
 NAME ~~COHEN, ALBERT~~
 STREET ADDRESS ~~2708 AZEELE ST.~~
 CITY-ST-ZIP ~~TAMPA FL~~ ☒ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Saphier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)