

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90115 043 ***150.00

DOCUMENT # J92365

1. Entity Name

TAMPA OUTPATIENT SURGICAL FACILITY, INC.

Principal Place of Business

**5013 N ARMONIA AVE
TAMPA FL 33603**

Mailing Address

**% J.W.N. RUGG
PO BOX 3273
TAMPA FL 33601-3273**

2. Principal Place of Business

**5013 N. ARMENIA AVE
Suite, Apt. #, etc.**

3. Mailing Address

**40 INEZ LEVIN CPA, PA
Suite, Apt. #, etc.
3816 W. LINEBAUGH AVE STE 300**

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2844884

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUGG, JOSEPH W
100 SOUTH ASHLEY DR
STE 1500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **ALBERT L. SAPHIER**

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

4922 BAY WAY PLACE

City **TAMPA**

FL

Zip Code **33629**

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

Albert L. Saphier

ALBERT L. SAPHIER

4/5/02

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, 2002 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 ☐ Delete
NAME **D SAPHIER, ALBERT**
STREET ADDRESS **2708 AZEELE ST.**
CITY-ST-ZIP **TAMPA FL**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert L. Saphier **Albert L. Saphier** **4/5/02** **(813)286-0127**

Date

Daytime Phone #

CR2E034 (9/01)