2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00311 NEW PORT RICHEY SURGI-CENTER, INC. Mailing Address Principal Place of Business 515 CLIFF DR. CLIFE DR. TEMPLE TERRACE FL 33617-3807 TEMPLE TERRACE FL 33617 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

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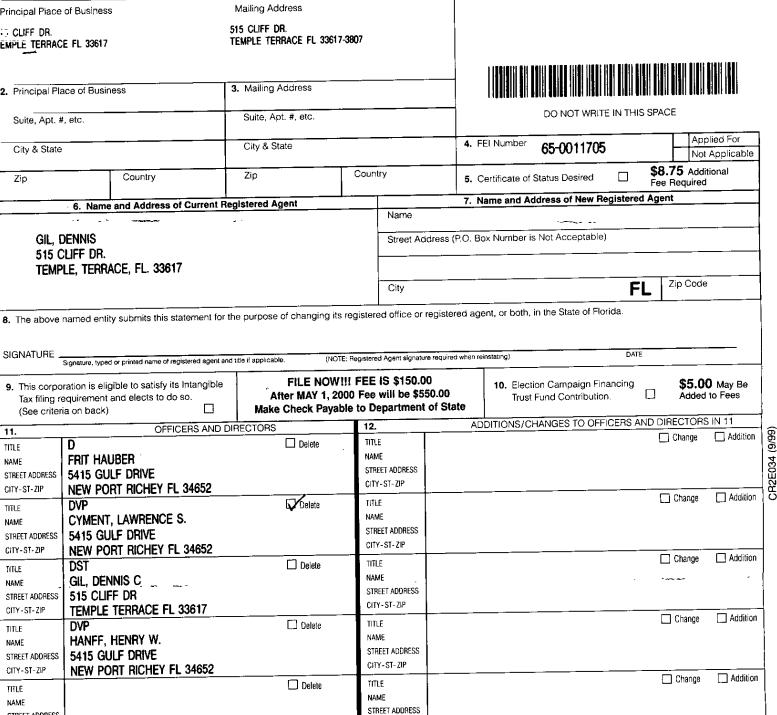
TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90006 006 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

City & State

GIL, DENNIS

(See criteria on back)

11.

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515 CLIFF DR.

TEMPLE, TERRACE, FL. 33617

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FRIT HAUBER

5415 GULF DRIVE

5415 GULF DRIVE

GIL, DENNIS C

HANFF, HENRY W.

5415 GULF DRIVE

515 CLIFF DR

NEW PORT RICHEY FL 34652

NEW PORT RICHEY FL 34652

TEMPLE TERRACE FL 33617

NEW PORT RICHEY FL 34652

CYMENT, LAWRENCE S.

Zip

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition