

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # K42365**1. Entity Name
AMBULATORY SURGICAL CENTER OF LAKE COUNTY, INC.Principal Place of Business
803 E DIXIE AVE
LEESBURG FL 34748 US
Mailing Address
803 E DIXIE AVE
LEESBURG FL 34748 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2917028

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUX ROBERT HMD
803 E DIXIE AVE

LEESBURG FL 34748 US

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.

SIGNATURE _____ 03/28/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	CD	<input type="checkbox"/> Delete
NAME	HUX, ROBERT H	
STREET ADDRESS	803 E. DIXIE AVENUE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	HUX, ROBERT H.	
STREET ADDRESS	803 E. DIXIE AVENUE	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 H. HUX, M.D.

PRES

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)