

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90084 007 \*\*\*150.00

DOCUMENT # **KSU381**

1. Entity Name

**KISSIMMEE SURGERY CENTER, INC**  
**2275 NORTH CENTRAL AVE**  
**KISSIMMEE, FL 34741**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2275 N. CENTRAL AVE**

Suite, Apt. #, etc.

3. Mailing Address

**2275 N. CENTRAL AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**KISSIMMEE, FL**

City & State

**KISSIMMEE, FL**

4. FEI Number

**592930845**

Applied For

Not Applicable

Zip

**34741**

Country

**USA**

Zip

**34741**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**SCOTT GORDON, MD**

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

**604 OAK COMMONS BLVD**

City

**KISSIMMEE**

**FL**

Zip Code

**34741**

**DO NOT WRITE  
IN THIS SPACE**

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:

*Scott Gordon*

**4/12/02**

Signature, typed or printed name of registered agent and date 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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

**SCOTT GORDON**

**604 OAK COMMONS BLVD**

**KISSIMMEE, FL 34741**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**MANUEL AGUSTINES**

**505 W. OAK STREET, STE 202**

**KISSIMMEE, FL 34741**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**NAPOLION ESTRADA**

**812 W. OAK STREET**

**KISSIMMEE, FL 34741**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Scott Gordon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02 (407) 8**

Date Daytime Phone #