2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # . . K56381

1. Entity Name

KISSIMMEE SURGERY CENTER, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90145 046 ***150.00

CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS .	2275 N. CEN KISSIMMEE US	FL 34741 Place of Buşiness	Mailing Address 2275 N. CENTRAL AVE KISSIMMEE FL 34741 US 3. Mailing Address PATS M. CC	ntral Ave			
KISSIMMEC FL					CHECK HERE IF MAKING CHANGES		
SCOTT, GORDON M.D. 604 OAK COMMONS BLVD. KISSIMMEE FL 34741 8. The above named entity submits this statement for the purpose of changing its registered Agent greature vocated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Viscoi and Company of the Company of			FL 2	4. FEI Number 59-2930845		
SCOTT, GORDON M.D. 604 OAK COMMONS BLVD. KISSIMMEE FL 34741 8. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or prince named insplaced agent and title dispinalities. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Priorida Department of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent. I am familiary submitted agent. I am fami	Zip	Country	Zip	Country —USA-	5. Certificate of Status Desired	\$8.75 Additional	
SCOTT, CORDON M.D. 604 OAX COMMONS BLVD. KISSIMMEE FL 34741 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am turniller with, and accept the obligations of registered agent. SIGNATURE SYNONATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. MD GRIDON, SCOTT 604 OAX COMMONS BLVD. SIRET ADDRESS GRIP ST-2P KISSIMMEE FL 34741 III. MD AGUSTINES, MANUEL SOS W. OAX STREET, STE. 202 KISSIMMEE FL 34741 III. MD GRIP STADA, NAPOLEON BLUE AGARDS GITHS ADDRESS GITHS AD		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered		
Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 City FL Zip Code City FL Zip Code Title obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accep				Name		Agent	
Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 City FL Zip Code City FL Zip Code Title obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accep	SCOTT, GORDON M.D.						
KISSIMMEE FL 34741 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. I am familiar with, and accept the obligations of registered agent is registered agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent is greatly required agent of registered agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, and accept the same agent, or both in the State of Florida. I am familiar with, and accept the same agent a	Stroo				Address (P.O. Box Number is Not Acceptable)		
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. I am familiar with, and accept the obligations of registered agent. Signature							
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Significant May 1, 2003 Fee will be \$550.00 After May 1,	MINISOLIVI	EE FL 34/41					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				City	EI	Zip Code	
SIGNATURE Signature Signa							
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MD GORDON, SCOTT 604 OAK COMMONS BLVD. KISSIMMEE FL 34741 TITLE MAME SIREET ADDRESS CITY-ST-2P KISSIMMEE FL 34741 TITLE MM MD	the obligations of registered agent:						
Supadame, hyped or printed name of registered Agent alignature required when neinterlating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E NAME SIREET ADDRESS CITY-ST-2IP III.E MD AGUSTINES, MANUEL 505 W. OAK STREET, STE. 202 KISSIMMEE FL 34741 III.E MD STREET ADDRESS CITY-ST-2IP III.E MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP MAME ST	SIGNATURE						
After May 1, 2003 Fee will be \$55,0.0 May Be Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signature requi	ired when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	Afte	er May 1, 2003 Fee will be \$550.00	State		, , , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	10.	OFFICERS AND C	IRECTORS	11	ADDITIONS (OLIMANOSS TO OSSUESSO AND		
NAME STREET ADDRESS CITY-ST-ZIP				 -	ADDITIONS/CHANGES TO OFFICERS AND		
STREET ADDRESS CITY-ST-ZIP TITLE MD AGUSTINES, MANUEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete Delete Delete DITLE O Delete DITLE DELET D			☐ Delete			Change Addition	
CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE MD GUSTINES, MANUEL STREET ADDRESS CITY-ST-ZIP MD OAGUSTINES, MANUEL STREET, STE. 202 STREET ADDRESS CITY-ST-ZIP MD OAGUSTINES, MANUEL STREET, STE. 202 STREET ADDRESS CITY-ST-ZIP MD OAK STREET, STE. 202 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ODEIGN TITLE OAGUST CITY-ST-ZIP TITLE OBEIGN TITLE OAGUST CITY-ST-ZIP TITLE OAGUST OAGUST						;	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	CITY-ST-ZIP						
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MD STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MD Change Addition	TITLE	*			· · · · · · · · · · · · · · · · · · ·	i	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Delete TITLE O Delete O Change O Addition Change O Addition			∟ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP MD ESTRADA, NAPOLEON 812 W. OAK STREET KISSIMMEE FL 34741 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBelet TITLE OBelet Addition Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBelete TITLE Addition Addition Addition		KISSIMMEF EL 34741					
NAME STREET ADDRESS CITY-ST-ZIP TITLE OChange Addition Addition Change Addition	TITLE	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition			∟ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Change Addition		1812 W OAK STREET					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Oelete TITLE Change Addition Change Addition			j				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Change Addition		TRIODIMINIEL PE 34741					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Change Addition Change Addition			L.J Delete			☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition	STREET ADDRESS						
TITLE	CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Addition					***		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Clelete TITLE Change Addition			L.J. Delete			☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition		İ		l F			
TITLE Delete TITLE Change Addition	CITY-ST-ZIP				•	}	
□ Delete				CITY OF 71D			
	TITI C						

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all safer like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #