2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-03-2001 91009 029 ***150.00

DOCUMENT # K96469

1. Entity Name
CENTRAL FLORIDA SURGICAL CENTERS, INC.

Principal Place of Business	Mailing Address
3885 OAKWATER CIR ORLANDO FL 32806	3885 OAKWATER CIR ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11140 W. Colonial Dr.	
Suite, Apt. #, etc. STE 3	Suite, Apt. #, etc.
City & State Ocoee Fl.	City & State
Zip 34761	Country ORANGE
Zip	Country

4. FEI Number 59-2961899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLT, SHAMUS M. 3885 OAKWATER CIR ORLANDO FL 32806	Name: Rex Buchanan Street Address (P.O. Box Number is Not Acceptable): 3885 Oakwater Circle City: orlando FL Zip Code: 32806

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: R A Buchanan
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAOS, ANTONIO 3885 OAKWATER CIR ORLANDO FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COTTRELL, C. RAYMOND 3885 OAKWATER CIR ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENENDEZ, ALEX 3885 OAKWATER CIR ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDP FEUER, KENNETH R 3885 OAKWATER CIRCLE ORLANDO FL	☐ Delete	Director Steven Brind 3885 oakwater circle orlando, Fl. 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Baker 3885 Oakwater Circle	☐ Delete	Director Robert Baker 3885 oak water circle orlando, Fl. 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: C R Cottrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #