

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90469 035 ***150.00

0562359 AV

DOCUMENT # L70766

1. Entity Name

SARASOTA SURGICAL SPECIALISTS, P.A.



Principal Place of Business

**SARASOTA SURGICAL SPECIALIST
1921 WALDEMERE STREET STE 705
SARASOTA FL 34239
US**

Mailing Address

**SARASOTA SURGICAL SPECIALIST
1921 WALDEMERE STREET STE 705
SARASOTA FL 34239
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

65-0189869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORA MD, JOHN D
1021 WALDEMERE STREET
STE #705
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NOVAK, RUSSELL**
STREET ADDRESS **1921 WALDEMERE ST STE 705**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ Delete
NAME **BOWERS, BERT A**
STREET ADDRESS **1921 WALDEMERE ST STE 705**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☒ Delete
NAME **REEDER, JOHN W MD**
STREET ADDRESS **1921 WALDEMERE STREET STE 705**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ Delete
NAME **NORA MD, JOHN D**
STREET ADDRESS **1921 WALDEMERE ST, #705**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ Delete
NAME **FOGLEMAN MD, JAMES H**
STREET ADDRESS **1921 WALDEMERE STREET, #705**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

(941) 917-6300

Date

Daytime Phone #

CR2E034 (10/02)