

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84057

1. Entity Name

SURGICORP, INC..

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90078 034 ***150.00

80038367



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

40347 U.S. HWY 19 N
STE 222
TARPON SPRINGS FL 34689-4850
US

40347 U.S. HWY 19 N
STE 222
TARPON SPRINGS FL 34689-4850
US

2. Principal Place of Business

712 WESLEY AVE

3. Mailing Address

P. O. BOX 1968

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

59-3024599

Applied For

Not Applicable

Zip

34689-6711

Country

USA

Zip

34688-9871

Country

USA

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

SCREETON, MICHAEL J
40347 U.S. HWY 19 N
STE 222
TARPON SPRINGS FL 34689-4850

Name
SCREETON, MICHAEL J.

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

SUITE F

City
TARPON SPRINGS

FL

Zip Code
34689-6711

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 *Michael J. Screeton* MICHAEL J. SCREETON, PRESIDENT 03-08-00

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, 2000 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	PM SCREETON, MICHAEL J 3818 NICHOLAS CT TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC SCREETON, HELEN 3818 NICHOLAS CT TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J. Screeton* MICHAEL J. SCREETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-00 (727) 934-5000

Date

Daytime Phone #

CR2E034 (9/99)