

DOCUMENT # N21904

1. Entity Name

PENSACOLA SURGICAL SOCIETY, INC.

Principal Place of Business

%F BROOKS HODNETTE JR
1717 N E ST. 434
PENSACOLA FL 32501
US

Mailing Address

1717 N E ST
434
PENSACOLA FL 32501
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

59-2870616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODNETTE, F BROOKS JR MD
1717 N E STREET
SUITE 434
PENSACOLA FL 32501

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KARANBIR, GILL S M.D.
STREET ADDRESS 5149 NORTH 9TH AVENUE, SUITE #307
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Delete
NAME HODNETTE, F BROOKS JR MD
STREET ADDRESS 1717 N E STREET 434
CITY-ST-ZIP PENSACOLA FL

TITLE D- ☐ Delete
NAME TELLE, LEWIS
STREET ADDRESS 8688 SCENIC HWY. #6
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90068 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)