

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N42054

FILED  
Jan 22, 2003  
Secretary of State

Entity Name: FLORIDA SURGICAL SOCIETY, INC.

## Current Principal Place of Business:

8832 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

8832 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3046386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER R  
8833 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: SEYMOUR, CHRISTOPHER R  
Address: 8833 PERIMETER PARK BLVD # 301  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST ( ) Delete  
Name: TERSHAKOVEC, GEORGE  
Address: 7000 SW 62ND AVE  
City-St-Zip: MIAMI, FL 331434719

Title: D ( ) Delete  
Name: LERNER, ELI  
Address: 4020 STATE RD. 674  
City-St-Zip: SUN CITY CENTER, FL

Title: P ( ) Delete  
Name: WIER, DARYL  
Address: 1181 ORANGE AVE  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: SEYMOUR, CHRISTOPHER R  
Address: 8833 PERIMETER PARK BLVD # 301  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER R. SEYMOUR

MD

01/22/2003

Electronic Signature of Signing Officer or Director

Date