2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005005

1. Entity Name

TAMPA BAY SURGICAL SOCIETY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State
04-07-2000 90070 047 ****61.25

Principal Place of Business	Mailing Address
% LARRY C. CAREY M.D. 4 COLUMBIA DR., SUITE 430 TAMPA FL 33606	% LARRY C. CAREY M.D. 4 COLUMBIA DR., SUITE 430 TAMPA FL 33606-3500

DO NOT WRITE IN THIS SPACE

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 59-3208887 ☐ 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
CAREY, LARRY C 4 COLUMBIA DR. SUITE 430 TAMPA FL 33606	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARRY, LARRY MD 4 COLUMBIA DRIVE, SUITE 430 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director Carey, Larry C. MD D 4 Columbia Drive, Suite 430A Tampa, Florida 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLARKE, JOHN MD 5633 FIRST AVENUE, SOUTH ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Branch, William MD T 2919 Swann Avenue, Suite 303 Tampa, FL 33609	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MISTRELLIS, WILLIAM S 1305-A S. FT. HARRISON AVE. CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Diaco, Joseph F. MD T 4700 North Habana Ave, Suite 403 Tampa, Florida 33614 (Ex-Officio)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIACO, JOSEPH MD 4700 N. HABANA AVENUE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Albrink, Michael H. MD P.O. Box 1289, TGH Room F-145 Tampa, Florida 33601	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LARRY MD 725 12TH STREET, NORTH ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect Rosemurgy, Alexander S. MD T P.O. Box 1289, TGH Room F-145 Tampa, Florida 33601	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAPIRO, DAVID MD 1260 S. GREENWOOD AVE, STE E CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Reichert, Robert MD 1099 Fifth Avenue, North St. Petersburg, FL 33705	☒ Change ☒ Addition

CR2E037 (9/99)

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 REQUIRED Larry C. Carey 3/30/00 Larry C. Carey, M.D. (813) 259-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #