4/3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-03-2001 90015 018 ****61.25

DOCUMENT # N93000005005

1. Entity Name

TAMPA BAY SURGICAL SOCIETY, INC.

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

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	ED CARRY, LARRY MD 4 COLUMBIA DRIVE, SUITE 430 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAREY, LARRY MD D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BRANCH, WILLIAM D 2919 SWANN AVE STE 303 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ex-Officio	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIACO, JOSEPH F 4700 N HABANA AVE STE 403 TAMPA FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Hugo Mendonca, MD 14100 Fivay Rd., Suite 320 Hudson, FL 34667-7105	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALBRINK, MICHAEL H D PO BOX 1289 TGH ROOM F-145 TAMPA FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PET ROSMURGY, ALEXANDER S D PO BOX 1289 TGH ROOM F-145 TAMPA FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REICHERT, ROBERT 1099 FIFTH AVE NORTH SAINT PETERSBURG FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Karen E. Wells, MD 508 S. Habana, Suite 180 Tampa, FL 33609	☒ Change ☒ Addition

CR2E037 (10/00)

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 Carey, M.D. March 28, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #