

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90382 028 ****61.25

DOCUMENT # N93000Q05005

1. Entity Name
TAMPA BAY SURGICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4 Columbia Drive

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33606

Country
USA

3. Mailing Address
4 Columbia Drive,

Suite, Apt. #, etc.

Suite 430A

City & State
Tampa, FL

Zip
33606

Country
USA

4. FEI Number
59-3208887

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	ED Carey, Larry MD 4 Columbia Dr, Suite Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. Karen Wells, MD 508 S Habana, Ste 180 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hugo Mendoca, MD 14100 Fivay Rd, Suite 320 Hudson, FL 34667-7105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S and President-Elect Michael Albrink, MD PO Box 1289, F-145 Tampa, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Philip H. Anderson, MD 13801 Bruce B Downs, Suite 506 Tampa, FL 33613
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR02037B (12/01)