

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90945 041 ****61.25

DOCUMENT # N93000005005

1. Entity Name

TAMPA BAY SURGICAL SOCIETY, INC.



Principal Place of Business

**4 COLUMBIA DR., SUITE 430
TAMPA FL 33606**

Mailing Address

**4 COLUMBIA DR., SUITE 430
TAMPA FL 33606**

2. Principal Place of Business

4 Columbia Drive

3. Mailing Address

4 Columbia Drive

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Suite 650

City & State

Tampa, FL

City & State

Tampa, FL 33

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number **59-3208887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAREY, LARRY C
4 COLUMBIA DR.
SUITE 430
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CAREY, LARRY MD 4 COLUMBIA DRIVE, SUITE 430 TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDOCA, HUGO MD 14100 FIVAY RD STE 320 HUDSON FL 34687-7105 <input type="checkbox"/> Delete <i>VP</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP ALBRINK, MICHAEL H PO BOX 1289 TGH ROOM F-145 TAMPA FL 33601 <input type="checkbox"/> Delete <i>P</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, PHILIP H 13801 BRUCE B DOWNS, SUITE 506 TAMPA FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WELLS, KAREN E MD 508 S HABANA STE 180 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Richard C. Karl, M.D. 12901 Bruce B. Downs, MDC 16 Tampa, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ralph Swank, MD 2117 Magdalene Manor Drive Tampa, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

(813) 259-0935

CR2E037 (10/02)