

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003005

1. Entity Name

SOUTHERN SURGICAL GROUP, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 010 ****61.25

Principal Place of Business

Mailing Address

1318 OAK ST
 MELBOURNE FL 32901

1318 OAK ST
 MELBOURNE FL 32901-3111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580939

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARREN, DAVID D
 1318 OAK ST
 MELBOURNE FL 32901

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	D <input type="checkbox"/> Delete
NAME	WARREN, DAVID D
STREET ADDRESS	1318 OAK ST
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> Delete
NAME	NEWTON, SHIELA D
STREET ADDRESS	1318 OAK ST
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> Delete
NAME	WARREN, BONNIE J
STREET ADDRESS	1318 OAK ST
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: WARREN, DAVID D DATE: 1/6/2000 DAYTIME PHONE: 407/957-2323

CR2E037 (9/99)