

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009986

1. Entity Name

CERTIFIED SURGEON ASSISTANT OF FLORIDA INC.

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90003 024 \*\*\*150.00

Principal Place of Business

Mailing Address

8209 NW 8TH ST.  
PLANTATION FL 33324

8209 NW 8TH ST.  
PLANTATION FL 33324

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

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

MADHUKAR, JOEL  
8209 NW 8TH ST.  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!**  
**FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MADHUKAR, JOEL  
CITY-ST-ZIP 8209 NW 8TH ST.  
PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ( DIRECTOR

Date

Daytime Phone #

3-31-01

854-465-7662

CR2E034 (10/00)