

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91328 004 ***150.00

DOCUMENT # **P00000012540**

1. Entity Name

O.N.E. SURGICAL CORP. OF CENTRAL FLORIDA

Principal Place of Business Mailing Address

C0067398

2. Principal Place of Business **2316 PIN OAK LA WEST**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. BOX 14255**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **CLEARWATER FLORIDA**
 Zip **33759** Country **PINELLAS**

City & State **CLEARWATER FL**
 Zip **33766** Country **PINELLAS**

4. FEI Number **59-3626614**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEW SHARF
1525 GRACE LAKE CIRCLE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **MATTHEW SHARF**
 Street Address (P.O. Box Number is Not Acceptable)
2316 PIN OAK LANE WEST
 City **CLEARWATER** **FL** Zip Code **33759**

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  **MATTHEW SHARF** **4-23-01**
(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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARLENE SHARF 2316 PIN OAK LA W 1525 GRACE LK CIR LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MATTHEW SHARF 2316 PIN OAK LA W 1525 GRACE LK CIR LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2316 PIN OAK LA W CLEARWATER FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2316 PIN OAK LA W CLEARWATER FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

13. 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 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:  **MATTHEW SHARF** **4/23/01** **727-723-1674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #