

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90048 013 \*\*\*150.00

**DOCUMENT #** P00000016010

**1. Entity Name**

Summit Medical & Surgical Supply, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

609 Virginia Drive

Suite, Apt. #, etc.

**3. Mailing Address**

609 Virginia Drive

Suite, Apt. #, etc.

**City & State**  
Orlando, FL

**Zip**  
32803

**Country**

**City & State**  
Orlando, FL

**Zip**  
32803

**Country**

**4. FEI Number**

59-3622315

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

James S. Pendergraft IV, MD

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

609 Virginia Drive

**City**

Orlando

**FL**

**Zip Code**  
32803

**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**

12 Apr 02

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

PSD  
James S. Pendergraft IV, MD  
609 Virginia Drive  
Orlando, FL 32803

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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IN THIS SPACE**

**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 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 #**

CR2E034B (12/01)