

**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.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number

59-3622315

Applied For

Not Applicable

Zip  
32803

Country

Zip  
32803

Country

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

*James S. Pendergraft IV*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*12 Apr 02*

DATE

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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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*James S. Pendergraft IV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12 Apr 02*

Date

Daytime Phone #

CR2E034B (12/01)