

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90265 041 ***150.00

DOCUMENT # P00000034861

1. Entity Name

CERTIFIED SURGICAL ASSISTANTS P.A. INC.

Principal Place of Business

13429 PAM DR.
 BROOKSVILLE FL 34614

Mailing Address

13429 PAM DR.
 BROOKSVILLE FL 34614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-1011971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOUNT, JAMES A
13429 PAM DR.
BROOKSVILLE FL 34614

7. Name and Address of New Registered Agent

Name

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

City

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

James A. Mount CRNFA

James A. Mount CRNFA

04/17/01

(Signature, typed or printed name of registrant agent and file if applicable)

(NOTE: Registered Agent signature required when re-registering)

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

TITLE **President** ☐ Delete
 NAME **JAMES A. MOUNT CRNFA**
 STREET ADDRESS **13429 Pam Drive**
 CITY-STATE-ZIP **BROOKSVILLE, FL. 34614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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:

James A. Mount CRNFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01

(352) 597-7464

Date

Daytime Phone #

CR2E034 (10/00)