2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000034861

1. Entity Name

CERTIFIED SURGICAL ASSISTANTS P.A. INC.



FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90074 020 ***150.00

Principal Place of Business 13429 PAM DR. BROOKSVILLE FL 34614		Mailing Address 13429 PAM DR. BROOKSVILLE FL 34614			
) (BELLER) ALI BENK BEKK BEKK BEKK BEKK BEKK BEKK	. (1911) (1916) (1 914) (191 4) (1914)
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1011971	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent			
MOUNT, JAMES A 13429 PAM DR.			Name Street Addre	(P.O. Box Number is Not Acceptable)	
	WILLE FL 34614		<u> </u>		
DITOONO	7 (7		City	FL	Zip Code
8. The above the obliga	e named entity submits this statement for	or the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (ALCA)	T. Davidson I. A.		
F Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		E: Registered Agent signature requ	9. Election Campaign Financing	\$5.00 May Be
	k Payable to Florida Department of			Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MOUNT, JAMES A 13429 PAM DR BROOKSVILLE FL 34614	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	-	Delete -	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby c	ertify that the information supplied with	this filing does not qualify for		Section 119.07(3)(i). Florida Statutes, Lifurther certi	further the information

Thereby 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 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/03

Davtime Phone #