FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061772

1. Entity Name
LAUDERDALE SURGICAL GROUP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 NE 20TH TERR	4800 NE 20TH ~~AVE~~ TERR.
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 207
City & State FORT LAUDERDALE	City & State FORT LAUDERDALE
Zip 33308 Country US	Zip 33308 Country US

4. FEI Number 591221926 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MICHAEL RAYBECK, M.D.
LAUDERDALE SURGICAL GROUP
Street Address (P.O. Box Number is Not Acceptable)
4800 NE 20TH TERR #207
City FT. LAUDERDALE FL Zip Code 33308

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 MICHAEL J. RAYBECK, M.D. Michael Raybeck M.D. 10/3/02
Signature, typed or printed name of registered agent and title if applicable (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) ☐

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	PRESIDENT
NAME	MICHAEL J. RAYBECK, M.D.
STREET ADDRESS	4800 NE 20TH TERR #207
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308
TITLE	
NAME	
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CITY-ST-ZIP	000008667640 10/29/02--01074--018 **550.00
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	000008667640 10/29/02--01074--019 **8.75
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
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CR2E034B (12/01)

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: Michael Raybeck M.D. Michael Raybeck 10/3/02 954-771-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #