

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90084 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000007743**

1. Entity Name  
**ORLANDO SURGICAL SPECIALISTS, P.A.**

Principal Place of Business <b>7915 CYPRESS GROVE ROAD          ORLANDO FL 32819</b>	Mailing Address <b>7915 CYPRESS GROVE ROAD          ORLANDO FL 32819</b>
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2. Principal Place of Business <b>7975 LAKE UNDERHILL RD          SUITE 150          ORLANDO, FL</b>		3. Mailing Address <b>SAME          Suite, Apt. #, etc.</b>	
City & State <b>ORLANDO, FL</b>		City & State	
Zip <b>32822</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>59-3695044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CHOIS, JOHN M  
 7915 CYPRESS GROVE ROAD  
 ORLANDO FL 32819**

**7975 LAKE UNDERHILL RD  
 SUITE 150  
 ORLANDO, FL 32822**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 *John Cho* **JOHN CHOIS** **04-22-02** **JC**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>JOHN CHOIS</b>
CITY-ST-ZIP	<b>7975 LAKE UNDERHILL RD, STE 150 ORLANDO FL 32822</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>KAROLYN CHOIS</b>
CITY-ST-ZIP	<b>7975 LAKE UNDERHILL RD, STE 150 ORLANDO, FL 32822</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John Cho* **JOHN CHOIS** **04-22-02** **407.277.9195**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)