

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044507

1. Entity Name

SURGICAL CENTER CONSULTING SERVICES, INC.

Principal Place of Business

2250 NE 202ND STREET
NORTH MIAMI BEACH FL 33180

Mailing Address

2250 NE 202ND STREET
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

3. Mailing Address

1800 NE 114th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1604

City & State

City & State

FLORIDA NORTH MIAMI

Zip

Country

Zip

Country

33180

USA

4. FEI Number

65-1099224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOFF, SANFORD A

2250 NE 202ND STREET

NORTH MIAMI BEACH FL 33180

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

Sanford A. Loff Pres 4/21/02

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)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOFF, HOWARD J
STREET ADDRESS 2250 NE 202ND STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS 1800 NE 114th St #1604
CITY-ST-ZIP NORTH MIAMI, FL 33180

☒ Change

☐ Addition

TITLE STD
NAME LOFF, SANFORD A
STREET ADDRESS 2250 NE 202ND STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS 1800 NE 114th St #1604
CITY-ST-ZIP NORTH MIAMI, FL 33180

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Sanford A. Loff Pres 4/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-22-2002 90174 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)