## 2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P0100044507						05-22-2002 90174 031 ***150.00		
1. Entity Name SURGICAL CENTER CONSULTING SERVICES, INC.						03-22-2002 90174 031 130.00		
	2 02,112.1 00,1002	L. (17025) (6.						
Principal Pla	an of Rusinese	Mailing Address	_					
Principal Place of Business Mailing Address  2250 NE 202ND STREET 2250 NE 202ND STREET								
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180								
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Principal Place of Business     3. Mailing Add			, ,		$\overline{}$	I IBRITEST IN BOTH HUN ORNI OENK SENK SON ÖYEL ONDY ÖYEL SUOT ENK ERH LOOT ISR		
Suite, Apt. #, etc.		1800 ME (142 ST;			72			
		4 (60A				DO NOT WRITE IN THIS SPACE		
City & Sta	in	City & State NORTH MIAHI			H1 4:	FEI Number Applied For Not Applicable		
Zip	Country		33(8( Coun		<del>- \                                   </del>	Cartificate of Status Desired		
	6. Name and Address of Current F		<u></u>	<u> </u>	_ 3	Fee Required  Name and Address of New Hegistered Agent		
<del>-</del>					Name			
	LOFF, SANFORD A 2250 NE 202ND STREET			Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH FL 33180								
			}	City	·	<b>⊏I</b> . 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.								
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 Signature, typeside primited name of rightened openi and title if explication. (NOTE: Registered Agent asgreture required when reinstating)  DATE								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						DATE.		
Tax filing requirement and elects to do so After May 1, 2002 F				vill be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		
(See crite	OFFICERS AND D	Make Check Payab	le to De	partment				
TITLE	PD	Delete	TITLE		AL	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	LOFF, HOWARD J 2250 NE 202ND STREET	•	NAME	T ADDRESS	1800	MC Change □ Addition 5 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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NAME STREET ADDRESS	LOFF, SANFORD A 2250 NE 202ND STREET		NAME STREE	T ADDRESS	(800	NE((1/4 87 # 1600		
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CITY-ST-ZIP			CITY-S	ST-ZIP				
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STREET ADDRESS			•	ADDRESS				
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NAME		C) Delete	NAME			☐ Change ☐ Addition		
STREET ADDRESS				ADDRESS		1		
13. I hereby o	certify that the information supplied with the	is filing does not qualify for	CITY-S		d in Section 1	119 07/3Vi) Florida Statutes Hurther continues the information		
13. I hereby certify that the information supplied with this filling 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 amprowered 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: SIGNATURE AND THE BY PRINTED MANE OF SIGNING OFFICE OR DEFECTION OF THE PRINTED MANE O								
	PRINCIPAL UNA SAMO I TIPED BIR	THE HAME UP SKINING OFFICER OF	DHECTO	н		Date Daytime Phone #		