

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90037 002 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000112015

1. Entity Name **SURGI CERT, INC.**

**DO NOT WRITE IN THIS SPACE**

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 2. Principal Place of Business<br><b>4044 W. Lake Mary Blvd.</b> |                          | 3. Mailing Address<br><b>4044 W. Lake Mary Blvd.</b> |                          |
| Suite, Apt. #, etc.<br><b>Unit 104 PMB 348</b>                   |                          | Suite, Apt. #, etc.<br><b>Unit 104 PMB 348</b>       |                          |
| City & State<br><b>Lake Mary, Florida</b>                        |                          | City & State<br><b>Lake Mary, Florida</b>            |                          |
| Zip<br><b>32746</b>  | Country<br><b>U.S.A.</b> | Zip<br><b>32746</b>                                  | Country<br><b>U.S.A.</b> |

DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3757660</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

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<br><b>Jeffrey B. Robin, M.D.</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>4044 W. Lake Mary Blvd.</b> |                             |
| Unit<br><b>Unit 104 PMB 348</b>  |                             |
| City<br><b>Lake Mary</b>   | Zip Code<br><b>FL 32746</b> |

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

**Jeffrey B. Robin, M.D.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/02**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>Jeffrey B. Robin, M.D.<br/>4044 W. Lake Mary Blvd.<br/>Unit 104 PMB 348<br/>Lake Mary, Florida 32746</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE:

**Jeffrey B. Robin, M.D., Director**

DATE

**2/25/02**

DAYTIME PHONE #

**407-804-8787**

CR2E034B (12/01)

**LOWNDES  
DROSDICK  
DOSTER  
KANTOR &  
REED, P.A.**

Attorneys at Law

**215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801**

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E-mail: gail.andre@lowndes-law.com

427399

March 5, 2002

**CERTIFIED MAIL 7099 3400 0008 0390 8480**  
**RETURN RECEIPT REQUESTED**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: 2002 Uniform Business Report**

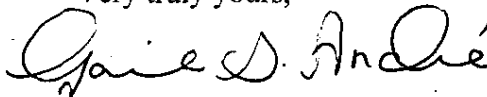
Dear Madam or Sir:

Enclosed is the 2002 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$150.00 payable to the Department of State representing the filing fee:

**SURGI CERT, INC.**

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André  
Legal Assistant to  
James J. Hootor

GSA  
Enclosures  
046118/88216/521598