

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-01-2002 91517 014 \*\*\*150.00

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

DOCUMENT # P01000114539

1. Entity Name

SPECIALTY MED-SURG, INC.

30373

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4120 HARBOR LAKE DR.

Suite, Apt. #, etc.

3. Mailing Address

4120 HARBOR LAKE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number

71-0869962

Applied For

Not Applicable

Zip

33558

Country

Zip

33558

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ROBERT ELIOT HILL

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

4120 HARBOR LAKE DR.

City LUTZ

FL

Zip Code

33558

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

5-10-02

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 \$81.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
LEA-KWAN LOW  
4120 HARBOR LAKE DR.  
LUTZ FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V. PRESIDENT  
ROBERT ELIOT HILL  
4120 HARBOR LAKE DR.  
LUTZ FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

DATE

813-760 9533

Daytime Phone #

CR2E0348 (12/01)