FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90109 011 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121821

1. Entity Name
C & M SURGICAL ASSISTANTS INC.

Principal Place of Business	Mailing Address
PO BOX 1308 OLDSMAR, FL 34677	PO BOX 1308 OLDSMAR, FL 34677

2. Principal Place of Business	3. Mailing Address
385 Fountainview Cir	P.O. Box 1308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, Fl	City & State: Oldsmar Fl
Zip: 34677 Country: USA	Zip: 34677 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 260005564 ☐ 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
EVERING, CHERISE 241 DUNCAN LOOP W #301 DUNEDIN, FL 34698	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cherise Evering DATE: 4-27-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GERARD, MIEKA	NAME	
STREET ADDRESS	PO BOX 1308	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	VTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EVERING, CHERISE	NAME	
STREET ADDRESS	PO BOX 1308	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cherise Evering V. Pres 4-27-03 727-781-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #