

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91019 038 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000003160

1. Entity Name
SURGICAL CONSULTANTS, INC.



Principal Place of Business
4850 SW 63RD TERRACE #221
DAVIE, FL 33314

Mailing Address
4850 SW 63RD TERRACE #221
DAVIE, FL 33314

94081613



2. Principal Place of Business
10980 NW 27 Place
Suite, Apt. #, etc.

3. Mailing Address
10980 NW 27 Place
Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State
Sunrise FL

City & State
Sunrise FL

4. FEI Number
60-0002379

Applied For
Not Applicable

Zip
33322

Country

Zip
33322

Country

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

EDWARDS, JASON
4850 SW 63 TERRACE #221
FORT LAUDERDALE, FL 33314

Name

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

10980 NW 27 Place

City
Sunrise

FL

Zip Code
33322

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/4
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDWARDS, JASON
4850 SW 63RD TERRACE #221
DAVIE, FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10980 NW 27 Place
Sunrise, FL 33322 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/4
Date

Daytime Phone #