

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

DAF0331 AV

05-01-2003 90824 015 \*\*\*150.00

**DOCUMENT # P02000013687**

1. Entity Name  
**ALL SAINTS SURGERY CENTER, INC.**



Principal Place of Business  
**777 S. HARBOUR ISLAND BLVD.  
TAMPA FL 33602**

Mailing Address  
**PO BOX 3239  
TAMPA FL 33601-3239**



2. Principal Place of Business  
**11377 CORTEZ BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**11377 Cortez Blvd**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Spring Hill Florida**  
Zip  
**34611**  
Country  
**USA**

City & State  
**Spring Hill, Florida**  
Zip  
**34611**  
Country

4. FEI Number  
**03-0392190**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NOLAN, MICHAEL J  
777 S. HARBOUR ISLAND BLVD.  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D CACIOPPO, LEONARD 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACHIMOWICZ, JAMES 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARD, THOMAS 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SZYDLOWSKI, WALTER 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLATAU, ARTHUR 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAURINO, MICHAEL 11377 CORTEZ BLVD. SPRING HILL FL 34611</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 (352) 597-3060**  
Date Daytime Phone #

CR2E034 (10/02)