

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90096 032 \*\*\*150.00

DOCUMENT # P02000048552

1. Entity Name

PENDRAK SURGICAL GROUP, P.A.



Principal Place of Business

3140 WEST MEDICAL CENTER LANE, SUITE 110  
LAKE CITY FL 32055

Mailing Address

PO DRAWER 1707  
LAKE CITY FL 32056-1707

2. Principal Place of Business

3. Mailing Address

3140 W. Medical Center Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

City & State

City & State

Lake City FL

Zip

Country

Zip

32055

Country

USA

4. FEI Number

43-1961938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAUN, CHRISTOPHER  
368 SOUTH MARION AVE.  
LAKE CITY FL 32055

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 D  
NAME PENDRAK, ROBERT B MD ☐ Delete  
STREET ADDRESS 325 W CATHERINE ST  
CITY-ST-ZIP SOMERSET PA 15501

TITLE President ☒ Change ☐ Addition  
NAME Robert Pendrak, MD  
STREET ADDRESS Rt 8 Box 32843  
CITY-ST-ZIP Lake City, FL 32055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition  
NAME Christina Pendrak  
STREET ADDRESS Rt 8 Box 32843  
CITY-ST-ZIP Lake City, FL 32055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Christina Pendrak

7-10-03

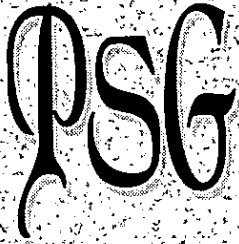
386-755-2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



*Pendrak Surgical Group, P.A.*

*Robert B. Pendrak, M.D., F.A.C.S.*

*Christina M. Pendrak, A.R.N.P.*

*General Surgery*

*Attachment #*

*10110465*

*PO2000048552*

7-10-03.

Pendrak Surgical Group, P.A.  
3140 W. Medical Center Lane Suite 110  
Lake City, FL 32055

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This correspondence is to notify you that our Uniform Business Report was sent to the incorrect address, and as you can see, we just received it on July 3<sup>rd</sup>. I am requesting that you waive the late filing fee, as we did not receive the document in time. I am enclosing a check for \$150. Thank you for your attention in this matter.

Sincerely,

*Christina Pendrak*

Christina Pendrak, ARNP, VP  
Office Manager