

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

08-20-2003 90052 022 ***150.00

DOCUMENT # P02000050877

1. Entity Name
STRATEGIC SURGICAL SOLUTIONS, INC.



Principal Place of Business
400 FLAMINGO DRIVE
VENICE FL 34285

Mailing Address
400 FLAMINGO DRIVE
VENICE FL 34285

55056000



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3664801

Applied For
☐ Not Applicable

Zip

Country

Zip

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

BUSINESS FILINGS, INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

Name DAVID NAPOLIELLO
Street Address (P.O. Box Number is Not Acceptable) 400 FLAMINGO DRIVE
City VENICE **FL** **Zip Code** 334285

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 fee, if applicable.

DAVID A. NAPOLIELLO, CEO 8/1/03

(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 ☐ Delete
NAME NAPOLIELLO, DAVID A
STREET ADDRESS 400 FLAMINGO DRIVE
CITY-ST-ZIP VENICE FL 34285

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 reports 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 807, 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

8/10/03

941-412-3792

Day

Daytime Phone #

CR2E034 (4/03)

Attachment #

35056838

PO000050877

August 10, 2003

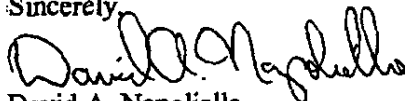
Division of Corporations
Uniform Business Report Filings
PO box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

Upon returning from my two weeks of United States Navy Reserve annual training at Camp Pendleton, California, I received my first and only notice and package from the Division of Corporations in regard to the Uniform Business Report and its associated return letter. I also did not receive any indication from Strategic Surgical Solutions, Inc.'s paid registered agent, "Business Filings, Inc.," that there existed a time frame required to pay the UBR.

As per the "Frequently Asked Questions" segment of the UBR Report folder, section (1), as the CEO of Strategic Surgical Solutions, I am attaching this letter to the completed UBR report to confirm that the corporation did not receive prior notice of UBR filing instructions and as the instruction folder defines, enact the waiving of the late fee for UBR filing which can only be accomplished by submitting the letter and UBR report by mail. In this regard, per the instructions noted in the "frequently asked questions" segment, I am submitting the original \$150.00 filing fee for the UBR. Thank you.

Sincerely



David A. Napoliello
CEO, Strategic Surgical Solutions