2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

							 7	od 20 200d 2020T 01 5 *** 50 00				
DOCUMENT # P03000013923 1. Entity Name STUART SURGICAL, P.A.								04-29-2004 90297 015 ***150.00				
Principal Place of Business Mailing Address						<u> </u>		14012315				
				19 SE OSCEOLA ST STUART, FL 34994								
								 				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01072004	Chg-P	CR2E03	34 (10/03)		
City & State				City & State			4. FEI Numb	199702	 -/		plied For t Applicable	
Zip		Country		Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Cu	rrent Regis	tered Agent			7. Name and	Address of New Re	gistered A	gent		
WEINBERG, STEVEN A 7805 SW 6 CT PLANTATION, FL 33324						Name Street Addre	ess (P.O. Box Numb	er is Not Acceptable)				
						City			FL	Zip Code	9	
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 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							\$5.00 May Be Added to Fees	-			•	
10.	1	OFFICERS	AND DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	2009 NE	BARBARA A GINGER TER BCH, FL 34957		☐ Delete						Change	☐ Addition	
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NAME	-				NAM					•		
STREET ADDRESS CITY - ST - ZIP						EET ADDRESS '-ST-ZIP						
1	portific that the	o information outsile	od with this	iling does not qualify f			in Section 119 07/3	(i) Florida Statutes 1	further cert	ify that the in	nformation	
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												

BARBARA Michae 4126/9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date