

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90792 009 ***150.00

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DOCUMENT # P92000013270

1. Entity Name
DOCTORS SURGERY CENTER, INC.



Principal Place of Business
**921 N MAIN ST
KISSIMMEE FL 34744**

Mailing Address
**921 N MAIN ST
KISSIMMEE FL 34744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3155447**

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

**SWART, HARRY J
717 E OAK ST
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **Keith Kusmierz**

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

3600 Breeders Cup Court

City **Gotha**

FL

Zip Code **34734**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

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 | PTSD LEVIN, MITCHELL L DR 921 NORTH MAIN STREET KISSIMMEE FL 34744 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Cartwright, Mont J. DR. 921 North main street Kissimmee FL 34744 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **NATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/03** DAYTIME PHONE # **4074337800**

CR2E034 (10/02)