

2000 UNIFORM BUSINESS REPORT (UBR)

0579045

DOCUMENT # P93000016770

1. Entity Name

FT. LAUDERDALE SURGERY CENTER, INC.

APPROVED
AND
FILED

00 MAY -1 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3820 STATE STREET
C/O MARY YUMIBE
SANTA BARBARA CA 93105
US

Mailing Address
3820 STATE STREET
C/O MARY YUMIBE
SANTA BARBARA CA 93105-3112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0393769

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
SILVER, RICHARD B
3820 STATE STREET
SANTA BARBARA CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600003258646--7
-05/19/00--01012--015
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOCHT, SR, MICHAEL H.
3820 STATE STREET
SANTA BARBARA CA 93105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Donald S. Steigman
500 W. Cypress Creek Road
Fort Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVCF
FETTER, TREVOR
3820 STATE STREET
SANTA BARBARA CA 93105 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MCMULLEN, TERENCE
3820 STATE STREET
SANTA BARBARA CA 93105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Dennis L. Dent
3820 State Street
Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LARSEN, CAITLIN M
3820 STATE STREET
SANTA BARBARA CA 93105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Asst. Secretary

Asst. Secretary

4/11/00

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)