

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90627 031 ***150.00

DOCUMENT # P93000078012

1. Entity Name

SUNCOAST SURGICAL ASSISTING ASSOCIATES, INC.

Principal Place of Business

**3432 DELTONA BLVD
 SPRING HILL FL 34606
 US**

Mailing Address

**8303 BLANTON STREET
 SPRING HILL FL 34606**

2. Principal Place of Business

10270 BERNARDA CT

Suite, Apt. #, etc.

3. Mailing Address

10270 BERNARDA CT

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34608

Country

City & State

SPRING HILL, FL

Zip

34608

Country

4. FEI Number

59-3213782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RENSHAW, LOUIS R
 3432 DELTONA BLVD
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name

PRENTICE, DANIEL

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

10270 BERNARDA COURT

City

SPRING HILL

FL

Zip Code

34608

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 of the registered agent or officer 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, 2002 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

TITLE **D** ☒ Delete
 NAME **RENSHAW, LOUIS R**
 STREET ADDRESS **8303 BLANTON STREET**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **PRENTICE, DANIEL**
 STREET ADDRESS **10270 BERNARDA COURT**
 CITY-ST-ZIP **SPRING HILL, FL 34608**

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)