

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90023 021 \*\*\*550.00

**DOCUMENT # P94000043064**

1. Entity Name  
**SURGICARE OF DELAND, INC.**

Principal Place of Business Mailing Address  
**ONE PARK PLAZA 3401 West End Ave** **P.O. BOX 750**  
**NASHVILLE TN 37203** **NASHVILLE TN 37202**  
**US** **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**3401 West End Ave** **3401 West End Ave**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**Ste. 120** **Ste. 120**  
**City & State** **City & State**  
**Nashville TN** **Nashville TN**  
**Zip** **Country** **Zip** **Country**  
**37203** **USA** **37203** **USA**

4. FEI Number **75-2549326** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NEVENS, ROBERT ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, MILTON JOHNSON, R. MILTON NASHVILLE TN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FRANK, JOHN M ONE PARK PLAZA NASHVILLE TN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, A. BRUCE ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DENSON, DAVID L ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLACKWOOD, DORA A ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles T. Neal 3401 West End Ave, Ste. 120 Nashville TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Ronald L. Brank 3401 West End Ave, Ste. 120 Nashville TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D William V.B. Webb 3401 West End Ave, Ste. 760 Nashville TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clifford G. Adlerz 3401 West End Ave, Ste. 760 Nashville TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R. Dale Kennedy 3401 West End Ave, Ste. 760 Nashville TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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. 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** Charles T. Neal 8-28-01 615-234-7900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)