

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90192 027 ***150.00

0646140 AT

DOCUMENT # P94000043064

1. Entity Name
SURGICARE OF DELAND, INC.



Principal Place of Business
**3401 WEST END AVENUE
SUITE 120
NASHVILLE TN 37203
US**

Mailing Address
**3401 WEST END AVENUE
SUITE 120
NASHVILLE TN 37203
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**40 Burton Hills Blvd
Suite, Apt. #, etc.
Ste 400**

3. Mailing Address
**40 Burton Hills Blvd
Suite, Apt. #, etc.
Ste 400**

City & State
Nashville TN

City & State
Nashville TN

Zip
37215

Country
USA

Zip
37215

Country
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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
**1200 South Pine Island Rd
City Plantation FL Zip Code 33324**

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 **JENNIFER F AULTMAN**
ASSISTANT SECRETARY 4-23-03
(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEAL, CHARLES T	
STREET ADDRESS	3401 WEST END AVENUE SUITE 120	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BRANK, RONALD L	
STREET ADDRESS	3401 WEST END AVENUE SUITE 120	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBB, WILLIAM V.B.	
STREET ADDRESS	3401 WEST END AVENUE SUITE 760	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADLERZ, CLIFFORD G	
STREET ADDRESS	3401 WEST END AVENUE SUITE 760	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, R.DALE	
STREET ADDRESS	3401 WEST END AVENUE SUITE 760	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 Burton Hills Blvd, Ste 500	
STREET ADDRESS	Nashville TN 37215	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P., D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth C. Mitchell	
STREET ADDRESS	40 Burton Hills Blvd, Ste 500	
CITY-ST-ZIP	Nashville TN 37215	

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 REQUIRED** 4/15/03 615-234-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)