## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P9400090373**

1. Entity Name

AMERICAN SURGERY CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

14800 LANDMARK

14800 LANDMARK

STE 500

STE 500

DALLAS TX 75240 US

2. C/

DALLAS TX 75240

HS

Principal Place of Business O Jackson Walker	Att:	Pam	3. Mailing Address c/o Jackson Walker Att: Pam	
Ol Main St. Suite, Apt. #, etc.			901 Main St. Suite, Apr. #, etc.	DO NOT WRITE IN THIS SPACE
			Outto, ript. ir, cto.	LICENCE WHITE IN THIS SPACE

FILED Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90322 003 \*\*\*150.00

6000		6000									
City & State		City & State			4. F	El Number <b>59-3286266</b>		Ap	plied For		
Dallas, Texas		Dallas, Texas					No	Not Applicable			
Zip	Country	Zip Cou			<b>5</b> (	Certificate of Status Desired	\$	8.75 Add	litional		
75202 USA		75202 USA		1	Permicate of Status Desired	Fee Required					
	6. Name and Address of Current F	Registered Agent		1	7. N	lame and Address of New Reg	jistered Aç	jent			
				Name							
NRAI	SERVICES, INC.										
526 E. PARK AVE.					Street Address (P.O. Box Number is Not Acceptable)						
	AHASSEE FL 32301										
									i		
				City			FL	Zip Cod	e		
							r L				
8. The above	named entity submits this statement for	the purpose of changing i	ts register	ed office or	registered ag	ent, or both, in the State of Flori	da.				
SIGNATURE.											
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	OTE: Registere	ed Agent signatur	e required when re	einstating)	DATE				
	pration is eligible to satisfy its Intangible	<b>I</b>		IS \$150.0	-	10. Election Campaign Final	ncina	\$5.0	0 May Be		
	requirement and elects to do so.	After MAY 1, 2				Trust Fund Contribution.			d to Fees		
(See criter	ria on back)	Make Check Paya	able to D	epartment	of State				1		
11.	OFFICERS AND I	DIRECTORS	12.		AC	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11		
TITLE	PD	☐ Delete	TITL	.ξ				Change	Addition		
NAME	YEARY, MICHAEL		NAN	ΛE				_			
STREET ADDRESS 14800 LANDMARK, STE 500				EET ADDRESS	5005 R	liverway Dr., Ste	. 400				
CITY-ST-ZIP						n, Texas 77056					
TITLE	S	☐ Delete	. TiTi			_,		[ Chanca	Addition		
NAME	NICOLAOU, KAREN	Delete	NAN					Change	☐ Addition		
STREET ADDRESS	5005 RIVERWAY DR., STE 400			EET ADDRESS							
CITY-ST-ZIP	HOUSTON TX 77056			Y-ST-ZIP							
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TITLE		X Delete	TITL					☐ Change	Addition		
NAME	EDENBURN, LANE		NAM								
STREET ADDRESS	14800 LANDMARK, STE 500			EET ADDRESS							
CITY-ST-ZIP	DALLAS TX 75240		CIT	Y-ST-ZIP							
TITLE		☐ Delete	TITE	LE				Change	Addition		
NAME			NAM	МE							
STREET ADDRESS			STR	REET ADDRESS							
CITY-ST-ZIP			CIT	Y-ST-ZIP							
TITLE		☐ Delete	TITI	I.F.				☐ Change	☐ Addition		
NAME		m nakk	NA!					☐ Ollalige	☐ Vanigati		
STREET ADDRESS			1	REET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP							
TITLE		☐ Delete	TIT					Change	☐ Addition		
NAME			NAI								
STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP	<u> </u>		CIT	Y-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:

Michael Yeary RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

214-953-5647

Daytime Phone #