

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90308 050 ***150.00

DOCUMENT # P95000020829 ✓

1. Entity Name

General Surgery Group, P.A.

Principal Place of Business

Mailing Address

5757 Booth Road, #100
Jacksonville, FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3316643

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHELCHER, CD
5757 Booth Road, #100
Jacksonville FL 32207

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: SD
NAME: Hagan, Kenneth D.
STREET ADDRESS: 5757 Booth Road BLDG. 100
CITY-ST-ZIP: Jacksonville FL 32207 ☐ DeleteTITLE: VPD
NAME: Smith, Lewis A.
STREET ADDRESS: 5757 Booth Road, #100
CITY-ST-ZIP: Jacksonville FL 32207 ☐ DeleteTITLE: VPD
NAME: Webb, George S.
STREET ADDRESS: 5757 Booth Road #100
CITY-ST-ZIP: Jacksonville FL 32207 ☐ DeleteTITLE: PD
NAME: Whelchel, Carl D.
STREET ADDRESS: 5757 Booth Road, #100
CITY-ST-ZIP: Jacksonville FL 32207 ☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE:
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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/01

Date

Daytime Phone #

CR2E034 (11/00)