2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P95000025206** 1. Entity Name AMERICAN SURGERY CENTERS OF SARASOTA, INC. 04-25-2001 90177 048 ***150.00 Principal Place of Business Mailing Address 14800 LANDMARK 14800 LANDMARK STE 500 STE 500 **ԱՄՄԱՐՄԵՐ** DALLAS TX 75240 DALLAS TX 75240 3. Mailing Address c/o Jackson Walker Att: Pam 901 Main St. Principal Place of Business Jackson Walker Att: Pam 901 Main St Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6000 6000 City & State City & State 4. FEI Number Applied For 59-3312078 Dallas, Texas Not Applicable <u>Dallas, Texas</u> Country Country Zip 75202 \$8.75 Additional 5. Certificate of Status Desired USA 75202 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President/Sole Director TITLE ☐ Delete TITLE **X**Change Addition YEARY, MICHAEL NAME NAME STREET ADDRESS 14800 LANDMARK, STE 500 STREET ADDRESS 5005 Riverway Dr., Ste. 400 CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75240 Houston, Texas 77056 TITLE ☐ Delete TITLE Change Addition NICOLAOU, KAREN NAME NAME STREET ADDRESS 5005 RIVERWAY DR., STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77056** TITLE Delete TITLE ☐ Change Addition EDENBURN, LANE NAME NAME STREET ADDRESS 14800 LANDMARK, STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Michael Yeary

INTED NAME OF SIGNING OFFICER OR DIRECTOR

214-953-5647

SIGNATURE:

4/9/01