

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90301 013 ***150.00

DOCUMENT # P95000025206

1. Entity Name
AMERICAN SURGERY CENTERS OF SARASOTA, INC.

Principal Place of Business

C/O JACKSON WALKER ATTN: PAM
901 MAIN STREET STE 6000
DALLAS TX 75202
US

Mailing Address

C/O JACKSON WALKER ATTN: PAM
901 MAIN STREET STE 6000
DALLAS TX 75202
US

2. Principal Place of Business

3. Mailing Address

5005 RIVERWAY
SUITE 400
HOUSTON, TX 77056

5005 RIVERWAY
SUITE 400
HOUSTON, TX 77056

City & State

City & State

4. FEI Number

59-3312078

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **YEARY, MICHAEL**
 STREET ADDRESS **5005 RIVERWAY DR STE 400**
 CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **NICOLAOU, KAREN**
 STREET ADDRESS **5005 RIVERWAY DR., STE 400**
 CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☒ Delete
 NAME **EDENBURN, LANE**
 STREET ADDRESS **14800 LANDMARK, STE 500**
 CITY-ST-ZIP **DALLAS TX 75240**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED KAREN NICOLAOU

4/23/02

713-629-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)