EOCUMENT # P9500034831 1. Entity Name Surgicare Center of Venice, Inc.				May 08, 1	FILED May 08, 2000 8:00 am Secretary of State	
Principal Place of Business 2665 Oak Ridge CH		Mailing Address		05-08-2000 90204 003 ***150.00		
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F + .V	vers, FL: 33901	Ft. Myers	, FL. 3390			
2. Principal I	Place of Business	3. Mailing Address	- 46 2000, Faitherspace - 2000, and a galaxy galaxy and a second s			
Suite Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
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Ζφ	Country	Zio	Country	5. Certificate of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
BROWN, DAVID C. 2665 OAK RIDGE COURT FT: MYERS FL 33901		· · ·	ļ	**		
				Street Address (P.O. Box Number is Not Acceptable)		
4 6. 1						····
			City .		FL Zip Coc	e
9. This corpo Tax žiing r	Signature, typed or printed name of registered agent a noration is eligible to satisfy its Intangible requirement and elects to do so, rria on back)	Alter MAY 1.2	VIII FEE IS \$150.00 VIII FEE IS \$150.00 DOO Fee will be \$550.0 Die to Department of	10. Election Campaign Finar		O May 8: I to Fees
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