

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90189 046 ***150.00

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DOCUMENT # P95000049676

1. Entity Name
TRAUMA/CRITICAL CARE SURGEONS, P.A.



Principal Place of Business
**1411 N FLAGLER DR
SUITE 8300
WEST PALM BEACH FL 33401**

Mailing Address
**1411 N FLAGLER DR
SUITE 8300
WEST PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

CMR 402 BOX 350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

90 LRmc

City & State

City & State

APC AE

Zip

Country

Zip

Country

09180

USA

4. FEI Number

65-0600850

Applied For

Not Applicable

5.-Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JAZAREVIC, SLOBADAN M.D.
1411 N FLAGLER DRIVE
STE 8300
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SLOBODAN, JAZAREVIC M.D.**
STREET ADDRESS **3220 N FLAGLER DR**
CITY-ST-ZIP **PALM BEACH FL 33481**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 MAR 03 0618321234

Date

Daytime Phone #

CR2E034 (10/02)