

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90059 044 ***150.00

0329156

DOCUMENT # P95000062698

Entity Name

BOCA RATON SURGICAL SUPPLY, INC.

Principal Place of Business

**800 MEADOWS ROAD
BOCA RATON FL 33486**

Mailing Address

**800 MEADOWS ROAD
BOCA RATON FL 33486**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

648 GLADES ROAD

Suite, Apt. #, etc.

"OAKS PLAZA"

City & State

BOCA RATON, FL

Zip

33431

Country

P.B.C

4. FEI Number

65-0602717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPINKLE, PHILIP M II
777 SOUTH FLAGLER DRIVE
SUITE 980
W PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

SPINKLE, Philip M II

Street Address (P.O. Box Number is Not Acceptable)

BOCA RATON COMMUNITY HOSP.

800 MEADOWS ROAD

City

BOCA RATON

FL

Zip Code

33486

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MCGIBANY, SUSIE
745 MEADOWS ROAD
BOCA RATON FL 33486** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ASSAF, RONALD
745 MEADOWS RD
BOCA RATON FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PIERCE, RANDOLPH J
745 MEADOWS ROAD
BOCA RATON FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Matthew A. Moore
800 Meadows Road
Boca Raton, Florida 33486** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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: *Matthew A. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

(561) 395-7100

Date

Daytime Phone #

EXT. 4740

CR2E034 (10/00)