

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0398677 AV

DOCUMENT # P95000062698

1. Entity Name
BOCA RATON SURGICAL SUPPLY, INC.



FILED

03 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
800 MEADOWS ROAD
BOCA RATON FL 33486

Mailing Address
648 GLADES ROAD
"OAKS PLAZA"
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0602717

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

7. Name and Address of New Registered Agent

SPINKLE, PHILIP M II
BOCA RATON COMMUNITY HOSP
800 MEADOWS ROAD
BOCA RATON FL 33486

PAUL E. RISNER, ESQ.
BOCA RATON COMMUNITY HOSPITAL
800 MEADOWS ROAD
City BOCA RATON FL Zip 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. 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 CD
NAME ASSAF, RONALD
STREET ADDRESS 745 MEADOWS RD
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400018460684
05/07/03--01090--003 **690.00

TITLE PD
NAME STRACK, GARY
STREET ADDRESS 800 MEADOWS ROAD
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

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

TITLE CFO
NAME MOORE, MATTHEW A
STREET ADDRESS 800 MEADOWS ROAD
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)