

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000080729

FILED
Apr 13, 2003
Secretary of State

Entity Name: SAMPSON SURGICAL CENTER, INC.

Current Principal Place of Business:

P.O. BOX 30533
PALM BEACH GARDENS, FL 33420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30533
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 65-0617413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUTER, DFAINA, C/O DAVID SHUTER, MD. P.A.
730 INDIANTOWN ROAD
JUPITER, FL 33458

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHUTER, DAVID,
Address: PO BOX 30533
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S () Delete
Name: SHUTER, FAINA
Address: PO BOX 30533
City-St-Zip: PALM BEACH GARDENS, FL 33420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I DAVID SHUTER

P

04/13/2003

Electronic Signature of Signing Officer or Director

Date