

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90058 006 ***150.00

DOCUMENT # P95000097324

1. Entity Name
HERNANDO ENDOSCOPY & SURGERY CENTER, INC.

| | |
|---|---|
| Principal Place of Business 12180 CORTEZ BLVD BROOKSVILLE FL 34613 | Mailing Address 12180 CORTEZ BLVD BROOKSVILLE FL 34613 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3354295**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANURI, R. P.
 12180 CORTEZ BLVD
 BROOKSVILLE FL 34613**

| |
|--|
| 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.

SIGNATURE

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE NAME | P | <input type="checkbox"/> Delete |
| STREET ADDRESS | KANURI, R. P. | |
| CITY-ST-ZIP | 6109 WATERSWAY | |
| | SPRING HILL FL 34607 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
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|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)