

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90472 021 ***150.00

DOCUMENT # P96000013884

1. Entity Name
SURGERY DYNAMICS, INC.



Principal Place of Business
**2881 E OAKLAND PARK BLVD
STE #101
FT LAUDERDALE FL 33306
US**

Mailing Address
**2881 E OAKLAND PARK BLVD
STE #101
FT LAUDERDALE FL 33306
US**



2. Principal Place of Business

5100 No. FEDERAL Highway

3. Mailing Address

SAME

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL.

City & State

4. FEI Number
65-0647735

Applied For
☐ Not Applicable

Zip
33308

Country
BROWARD

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

**ROGERS, LINDA J
37 CASTLE HARBOR ISLE
FT LAUDERDALE FL 33308**

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

Linda Rogers, President

3-10-03

(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 | <input type="checkbox"/> Delete |
| NAME | ROGERS, LINDA | |
| STREET ADDRESS | 2881 E OAKLAND PK BLVD # 101 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| 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 empowered.

SIGNATURE *Linda Rogers, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 **954-229-9100**
Date Daytime Phone

CR2E034 (10/02)