

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90071 046 ***150.00

0039559

DOCUMENT # P96000042209

1. Entity Name

SURGICAL AFFILIATES OF PUTNAM COUNTY, P.A.

Principal Place of Business

**2631-A. NW 41ST ST.
GAINESVILLE FL 32606**

Mailing Address

**2631-A. NW 41ST ST.
GAINESVILLE FL 32606**

2. Principal Place of Business

530 Zeagler Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Zip

32177-3813

Country

Putnam

Zip

Country

4. FEI Number **59-3377495**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DOWNEY, KEVIN
2631 NW 41ST ST., STE. B-2
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

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 _____

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	D	<input type="checkbox"/> Delete
NAME	MELOSH, ROBERT J	
STREET ADDRESS	530 ZEAGLER DR STE A	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STILLWORD, JOSEPH D	
STREET ADDRESS	530ZEAGLER DRIVE STE A	
CITY-ST-ZIP	PALATKA-FL-32177	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINDLATER, ERROL N	
STREET ADDRESS	530 ZEAGLER DR STE A	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Melosh**4/9/01**

Date

386-328-0245

Daytime Phone #

CR2E034 (10/00)