

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090596

1. Entity Name

REGIONAL COASTAL SURGICAL ASSOCIATES, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90003 029 ***150.00

Principal Place of Business

Mailing Address

~~1824 SEA OAT DRIVE~~
~~ST. GEORGE ISLAND FL 32328~~

~~1824 SEA OAT DRIVE~~
~~ST. GEORGE ISLAND FL 34108-7540~~

629572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4081 Tamiami Trail North

3. Mailing Address

1727 Persimmon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C203

City & State

NAPLES, Florida

City & State

NAPLES, FL

4. FEI Number

59-3408278

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34109

Country

USA

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

SMITH, R. SCOTT

1824 SEA OAT DRIVE

ST. GEORGE ISLAND FL 32328

1727 Persimmon Dr.
NAPLES, FL 34109

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] 3/14/00

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, 2000 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 PD
NAME SMITH, R S
STREET ADDRESS 1824 SEA OAT DR
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328
*1727 Persimmon Dr.
NAPLES, FL 34109*

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)