

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90040 048 \*\*\*150.00

**DOCUMENT # P96000102040**

1. Entity Name

**SURGICAL HEALTH CARE, INCORPORATED**

Principal Place of Business

601 S FEDERAL HWY  
STE 109  
LAKE WORTH FL 33460  
US

*C.O.A.*

Mailing Address

601 S FEDERAL HWY  
STE 109  
LAKE WORTH FL 33460  
US

*C.O.A.*

2. Principal Place of Business

*1840 Forest Hill Blvd*  
Suite, Apt. #, etc.  
*201*

3. Mailing Address

*1840 Forest Hill Blvd*  
Suite, Apt. #, etc.  
*201*

City & State  
*West Palm Beach, FL*

City & State  
*West Palm Beach, FL*

Zip Country  
*33406 USA*

Zip Country  
*33406 USA*

4. FEI Number **65-0715107**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POLIZZI, RAYMOND A**  
**160 ARLINGTON RD**  
**WEST PALM BEACH FL 33405**

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]*

(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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POLIZZI, RAYMOND A</b>	
STREET ADDRESS	<b>160 ARLINGTON RD</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>POLIZZI, MARYANN E</b>	
STREET ADDRESS	<b>160 ARLINGTON RD</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Polizzi, Raymond</b>	<i>of address</i>
STREET ADDRESS	<b>1529 S. Palmway</b>	
CITY - ST - ZIP	<b>Lake Worth, FL 33460</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Polizzi, Maryann E</b>	<i>of address</i>
STREET ADDRESS	<b>1529 S. Palmway</b>	
CITY - ST - ZIP	<b>Lake Worth, FL 33460</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*26-01*

*561-967-9622*

Date

Daytime Phone #

CR2E034 (10/00)