

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009967

1. Entity Name

SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90315 032 ***150.00

Principal Place of Business

Mailing Address

4300 N. UNIVERSITY DRIVE
 SUITE B106
 LAUDERHILL FL 33351

4300 N. UNIVERSITY DRIVE
 SUITE B106
 LAUDERHILL FL 33351-6243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0730061

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

COHEN, JEFFERY L
 54 NE 4TH AVE
 DEL RAY BEACH FL 33483

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, 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 ☐ Delete
 NAME P
 STREET ADDRESS BARNAVON, YOAR MD
 CITY-ST-ZIP 1150 N 35 AVE SUITE 550
 HOLLYWOOD FL 33021

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

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS FERNANDEZ, JOHN MD
 CITY-ST-ZIP 4875 N FEDERAL HWY SUITE 800
 FT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition
 NAME XP
 STREET ADDRESS BOYD, J. BRIAN MD
 CITY-ST-ZIP 3000 W. CYPRESS CREEK RD
 FT. LAUD., FL 33309

TITLE ☐ Delete
 NAME S.
 STREET ADDRESS LOMAGISTRO, FRANK J MD
 CITY-ST-ZIP 4300 N UNIVERSITY DR B 106
 LAUDERHILL FL 33351

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

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS BOYD, BRIAN J
 CITY-ST-ZIP 3000 W. CYPRESS CREEK RD.
 FT. LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
 NAME T
 STREET ADDRESS LOMAGISTRO, FRANK J
 CITY-ST-ZIP 4300 N. UNIVERSITY DR-B106
 LAUDERHILL, FL 33351

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

954-742-0808

CR2E034 (9/99)