

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90157 037 \*\*\*158.75

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Feb 01, 2001 08:00 AM  
PHYSICIAN'S CHOICE SURGERY CENTER, INC.  
Secretary of State

Principal Place of Business 100 W. GORE ST., STE. 405 ORLANDO FL 32856	Mailing Address 100 W. GORE ST., STE. 405 ORLANDO FL 32856
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2. Principal Place of Business 1435 DIVISION AVE. Suite, Apt. #, etc.	3. Mailing Address 1435 DIVISION AVE. Suite, Apt. #, etc.
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City & State OCOE, FL.	City & State OCOE, FL.
Zip 34761	Country U.S.A.

4. FEI Number 59-3443637 62-1750988	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HUNTER, PATRICK T 100 W GORE STREET, #405 ORLANDO FL 32806	
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNTER, PATRICK T., II MD 100 W. GORE ST., STE. 405 ORLANDO FL 32856 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, PATRICK T., II MD 100 W. GORE ST., STE. 405 ORLANDO, FL. 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANDERSON, AXEL W., IV MD 100 W. GORE ST., STE. 405 ORLANDO FL 32856 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, AXEL W., IV MD 100 W. GORE ST., STE. 405 ORLANDO, FL. 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COX, WILLIAM K., MD 3881 S. DELANEY AVE. ORLANDO, FL. 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIN, JORGE L., MD 10000 W. COLONIAL DR. STE. 288 OCOE, FL. 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NOWICKI, KEVIN, MD 731 E. HWY 50 CLERMONT, FL. 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, RICHARD C., MD 10000 W. COLONIAL DR. STE. 496 OCOE, FL. 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 1-24-01  
Daytime Phone #

CR2E034 (10/00)