

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037752

1. Entity Name

SURGEONS OF LAKE CITY, P.A.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90068 003 \*\*\*150.00

Principal Place of Business

3697 HWY 47 SOUTH  
LAKE CITY FL 32025

Mailing Address

3697 HWY 47 SOUTH  
LAKE CITY FL 32025  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3446709

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

DOWNEY, KEVIN I  
2631 NW 41ST ST, SUITE B-2  
LAKE CITY FL 32606

7. Name and Address of New Registered Agent

Name William J. Haley  
Street Address (P.O. Box Number is Not Acceptable)  
10 NORTH COLUMBIA ST.  
P.O. Box 1029  
City LAKE CITY FL 32056

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 WILLIAM J. HALEY ESQ

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **POLMERSKI, JERZY T**  
CITY-ST-ZIP **750 SOUTH FIRST STREET  
LAKE CITY FL 32055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **POLMERSKI JERZY**  
STREET ADDRESS **3697 HWY 47 S.**  
CITY-ST-ZIP **LAKE CITY, FL. 32025 P.**

TITLE ☒ Change ☐ Addition  
NAME **POLMERSKI LADONNA**  
STREET ADDRESS **3697 HWY 47 S**  
CITY-ST-ZIP **LAKE CITY, FL. 32025 V.**

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

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

TITLE ☐ Change ☐ Addition  
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

4-24-00

Date

904-75778

Daytime Phone #

CR2E034 (9/99)