

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90060 002 ***550.00

DOCUMENT # P97000037752

1. Entity Name
SURGEONS OF LAKE CITY, P.A.



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

755 SW SR Y7

3. Mailing Address

Suite, Apt. #, etc.

City & State
LAKE CITY, FL.

City & State

4. FEI Number **59-3446709**

Applied For

Not Applicable

Zip **FL.** Country **Columbia**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALEY, WILLIAM J
10 NORTH COLUMBIA ST.
P O BOX 1029
LAKE CITY FL 32056**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **POLMERSKI, JERZY T**
STREET ADDRESS **3697 HWY 47 S**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE **V** ☐ Delete
NAME **POLMERSKI, LAVONNA**
STREET ADDRESS **3697 HWY 47 S**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

8-26-03 386 755-7784

Date Daytime Phone #

CR2E034 (4/03)