

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053346

1. Entity Name

CITRUS SURGICAL ASSOCIATES, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90050 031 ***150.00

Principal Place of Business

213 SOUTH PINE AVE
 INVERNESS FL 34452

Mailing Address

P O BOX 2786
 INVERNESS FL 34451-2786
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3452637**

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

KOKOCKI, STANLEY P
 2485 DOTHAN AVE
 SPRING HILL FL 34609

Name

STANLEY P. KOKOCKI, MD

Street Address (P.O. Box Number is Not Acceptable)

213 SOUTH PINE AVE

City

INVERNESS

FL

Zip Code

34452

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 **D** ☒ Delete
 NAME **KOKOCKI, STANLEY P**
 STREET ADDRESS **2485 DOTHAN AVE**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **STANLEY P. KOKOCKI, MD**
 STREET ADDRESS **213 SOUTH PINE AVE**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 #

4/24/2000 352 860-2034

CR2E034 (9/99)