2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000066125

Entity Name: SURGICAL ENTERPRISES INC

FILED Apr 30, 2002 8:00 AM Secretary of State

Littly Name: SURGICAL ENTERFRISES, INC.				
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
150 NW 70	70 BUILDING DTH AVENUE, SUITE 3 ON, FL 33317			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
150 NW 70	70 BUILDING DTH AVENUE, SUITE 3 ON, FL 33317			
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
PEABODY, DONNA C/O SURGICAL STAFFING ENTERPRISES 150 NW 70 AVENUE SUITE 3 FORT LAUDERDALE, FL 33328 US		150 NW 70 AVENUE S	PEABODY, DONNA L C/O SURGICAL STAFFING ENTERPRISES 150 NW 70 AVENUE SUITE 3 FORT LAUDERDALE, FL 33328 US	
	named entity submits this statement for the of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: DONNA L. PEABODY		04/30/2002	
	Electronic Signature of Registered	Agent	Date	
	ation is eligible to satisfy its Intangible Tax filing	requirement and elects to do so (X).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () Delete PEABODY, DONNA 150 NW 70TH AVENUE FORT LAUDERDALE, FL 33328	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete PEABODY, DONNA 150 NW 70TH AVENUE PLANATION, FL 33317	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete PEABODY, DONNA 150 NW 70TH AVE FORT LAUDERDALE, FL 33328	Title: (Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. PEABODY DIR 04/30/2002