

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000066125

FILED
Apr 23, 2003
Secretary of State

Entity Name: SURGICAL ENTERPRISES, INC.

Current Principal Place of Business:

CENTRE '70 BUILDING
150 NW 70TH AVENUE, SUITE 3
PLANTATION, FL 33317

New Principal Place of Business:

2711 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Current Mailing Address:

CENTRE '70 BUILDING
150 NW 70TH AVENUE, SUITE 3
PLANTATION, FL 33317

New Mailing Address:

2711 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

FEI Number: 65-0783807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEABODY, DONNA L
C/O SURGICAL STAFFING ENTERPRISES
150 NW 70 AVENUE SUITE 3
FORT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

PEABODY, DONNA L
2711 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: DONNA L. PEABODY

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PEABODY, DONNA
Address: 150 NW 70TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: SD (X) Delete
Name: PEABODY, DONNA
Address: 150 NW 70TH AVENUE
City-St-Zip: PLANATION, FL 33317

Title: TD (X) Delete
Name: PEABODY, DONNA
Address: 150 NW 70TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PEABODY, DONNA
Address: 2711 EXECUTIVE PARK DRIVE, SUITE 4
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

04/23/2003

Electronic Signature of Signing Officer or Director

Date