

2000 UNIFORM BUSINESS REPORT (UBR)

0058689

DOCUMENT # P97000071211

1. Entity Name

SURG ONE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 12:30

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| Principal Place of Business 470 HARRISON AVENUE 2500 HWY 77 PANAMA CITY FL 32401 32405 | Mailing Address 470 HARRISON AVENUE 2500 HWY 77 PANAMA CITY FL 32401-2722 32405 |
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|---|---|
| 2. Principal Place of Business Please remove 470 Harrison Ave Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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|--------------|----------------|--------------|----------------|
| Zip 32405 | Country Bay | Zip 32405 | Country Bay |
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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3469341 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COFES, THAD W 2500 HWY 77 PANAMA CITY FL 32405 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORRY, JAMES E JR 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AKER, ANTHONY L 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, BRET L 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARSLOW, LEE G MD 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALLORY, JOHN J MD 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDINGER, DAVID J 2500 HWY 77 PANAMA CITY FL 32405 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300003265779-4 -05/24/00-01093--001 ****350.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---------------------------------------|-----------------|---------------------------------|
| SIGNATURE: <i>THAD W COFES, Agent</i> | Date 4-27-00 | Daytime Phone # 850 747-9602 |
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CR2E034 (\$119)