FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 21, 2001 8:00 am Secretary of State P97000071211 DOCUMENT # 1. Entity Name 08-21-2001 90007 043 \*\*\*550 00 SURG ONE, INC. Principal Place of Business Mailing Address 2500 HWY 77 2500 HWY 77 ししひてつどつな PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3469341 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COFES, THAD W Street Address (P.O. Box Number is Not Acceptable) 2500 HWY 77 PANAMA CITY FL 32405 427 mckenzie Avenue 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, CR2E034 (5/01) TITLE TITLE ☐ Delete Lee G. M.D. Gonshor, CORRY, JAMES E JR NAME NAME Highway 2500 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete Addition TITLE TITLE AKER, ANTHONY L Kyle NAME NAME 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP F1 32405 CITY-ST-7IP Addition TITLE ☐ Delete TITLE Mark S. O.D. FISHER, BRET L NAME NAME 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP 32405 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITI E GARSLOW, LEE G MD NAME 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition MALLORY, JOHN J MD NAME NAME 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change [ Addition TITLE TITLE EDINGER, DAVID J NAME NAME 2500 HWY 77 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF