

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90075 033 ***150.00

DOCUMENT # P97000072026

1. Entity Name
SURGICAL FIRST ASSISTING, INC.

Principal Place of Business

~~PO BOX 15193~~
~~PLANTATION FL 33318~~

Mailing Address

~~PO BOX 15193~~
~~PLANTATION FL 33318~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 550321

Suite, Apt. #, etc.
P.O. Box 550321

City & State
Davie, FL

City & State
Davie, FL

Zip Country
33355 USA

Zip Country
33355 USA

4. FEI Number **65-0772470**

Applied For
 Not Applicable

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

FISH, BARBARA J
1700 S.W. 100 TERRACE
DAVIE FL 33324

Name

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

City

FL

Zip Code

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-14-02

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, 2002 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 **P** ☐ Delete
 NAME **BARBARA J FISH**
 STREET ADDRESS **PO BOX 15193**
 CITY-ST-ZIP **PLANTATION FL 33318**

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 550321**
 STREET ADDRESS **Davie, FL. 33355**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02
 Date Daytime Phone #

CR2E034 (9/01)