

# 2000 UNIFORM BUSINESS REPORT (UBR)

7.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90019 034 \*\*\*150.00

**DOCUMENT # P97000075361**

1. Entity Name

AARLYN SURGICAL, INC.

Principal Place of Business

7600 WILES ROAD, STE. C  
CORAL SPRINGS FL 33067

Mailing Address

7600 WILES ROAD, STE. C  
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0781323

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

ROSENTHAL, ALAN H  
3300 UNIV. DR., STE. 305  
CORAL SPRINGS FL 33065

Name

Ronald I. SCAVRON

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

7600 Wiles Rd, Suite C

City

Coral Springs FL

Zip Code

33067

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

RONALD I. SCAVRON

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

(NOTE: Registered Agent signature required when reinstating)

8/3/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS HELFAN, STEVE  
CITY-ST-ZIP 3129 W HALLENDALE BCH BLVD  
PEMBROKE FL 33009

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS SCAVRON, RON  
CITY-ST-ZIP 6221 NW 82 AVE  
PARKLAND FL 33067

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (5/00)

Attachment  
P97000075361  
[REDACTED] 107503

**AARLYN SURGICAL**  
**7600 WILES RD. SUITE C, CORAL SPRINGS, FL. 33067**  
**PH: 800-336-6966 / FAX: 800-242-8868**

7/6/00

Division of Corporations  
UBR Filings

~~P.O. Box 1500~~  
Tallahassee, FL 32302-1500

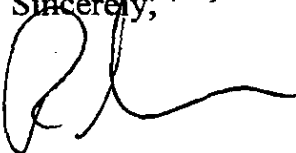
Dear Sir:

I am submitting this report to you with the initial filing fee of \$150.

I received this UBR report in the mail yesterday (7/5/00) with "second notice" noted on the front. Since I never received the initial report request from you I called your office & was instructed to mail back the form with a letter of explanation.

I am requesting that you accept the initial filing fee of \$150 as payment in full due to the mailing error.

Sincerely;



Ronald Scavron  
Secretary