

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000076520

FILED  
Jan 14, 2003  
Secretary of State

Entity Name: ALTAMONTE SURGERY CENTER, INC.

## Current Principal Place of Business:

825 NORTH GARLAND AVENUE  
SUITE 300  
ORLANDO, FL 32802

## New Principal Place of Business:

## Current Mailing Address:

825 NORTH GARLAND AVENUE  
SUITE 300  
ORLANDO, FL 32802

## New Mailing Address:

FEI Number: 59-3466036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, GEORGE  
825 N GARIANO AVE STE 300  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

WHITE, GEORGE M  
825 N GARLAND AVE STE 300  
ORLANDO, FL 32801 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: GEORGE M. WHITE, M.D.

01/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WHITE, GEORGE M  
Address: 825 N GARLAND AVE STE 300  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GEORGE M. WHITE

DR.

01/14/2003

Electronic Signature of Signing Officer or Director

Date