

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90015 019 ***150.00

DOCUMENT # P97000086976

1. Entity Name

SURGERY CENTER CONSULTANTS, INC.

614232

Principal Place of Business Mailing Address
 RIVERWALK PARK BOULEVARD 8350 RIVERWALK PARK BOULEVARD
 SUITE 4 SUITE 4
 MYERS FL 33919 FORT MYERS FL 33919-8759

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 **65-0792767** 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
 HELIGMAN, DAVID Name
 8350 RIVERWALK PARK BOULEVARD Street Address (P.O. Box Number is Not Acceptable)
 SUITE 4 City FL Zip Code
 FORT MYERS FL 33919

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERBIN, CARYL		NAME		
STREET ADDRESS	8350 RIVERWALK PARK BLVD. STE. 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELIGMAN, DAVID		NAME		
STREET ADDRESS	8350 RIVERWALK PARK BLVD. STE. 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFER, JOHN S		NAME		
STREET ADDRESS	8350 RIVERWALK PARK BLVD. STE. 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENFELD, LARRY S		NAME		
STREET ADDRESS	8350 RIVERWALK PARK BLVD. STE. 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, RONALD D		NAME		
STREET ADDRESS	8350 RIVERWALK PARK BLVD. STE. 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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(2), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00 941-482-5399

Date

Daytime Phone #

CR2E034 (9/99)