2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008468

1. Entity Name

MUSCULOSKELETAL AMBULATORY SURGERY CENTER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90124 027 ***150.00

Principal Place of Business	Mailing Address
6015 POINTE W BLVD BRADENTON FL 34209	6015 POINTE W BLVD SUITE 4400 BRADENTON FL 34209-5532

DO NOT WRITE IN THIS SPACE

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 65-0829385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS AND VOGLER, P.A.
802-11TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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 _____ DATE

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

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P OBREGON, ROBERTS 6015 POINTE W BLVD BRADENTON FL 34209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SILBEY, MARK B 6015 POINTE W BLVD BRADENTON FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Silbey, Mark B 6015 Pointe W Blvd. Bradenton, Fl. 34209 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RIGERS, JAMES T 6015 POINTE W BLVD BRADENTON FL 34209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Rogers, James T. 6015 Pointe West Blvd. Bradenton, Fl. 34209 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Tally, William J. III 6015 Pointe W. Blvd. Bradenton, Fl. 34209 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: X William J. Tally, III SEC. X 04/12/00 X 941 782 0200 X 1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #