

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P98000076192

1. Entity Name

SURGICAL PHYSICIANS ASSOCIATED, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 032 ***150.00

A0049469

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2. Principal Place of Business 480 Minola Dr Suite, Apt. #, etc.		3. Mailing Address 480 Minola Dr Suite, Apt. #, etc.	
City & State Miami Springs, Fl.		City & State Miami Springs, Fl.	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 65-0862666		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Caldera, Aminteliza 480 Minola Dr. Miami Springs, Fl. 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Freddy Caldera* DATE *3/30/01*

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. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD Caldera, Freddy J 480 Minola Dr Miami Springs, Fl. 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD Caldera, Aminteliza 480 Minola Dr Miami Springs, Fl. 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: *Freddy Caldera* **FREDDY CALDERA** *3/30/01* **305819-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)