

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000076192

FILED
Apr 28, 2003
Secretary of State

Entity Name: SURGICAL PHYSICIANS ASSOCIATED INC.

Current Principal Place of Business:

480 MINOLA DRIVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

480 MINOLA DRIVE
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0862666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLDERA, AMINTELIZA
7100 WEST 20TH AVE SUITE 203
HIALEAH, FL 33016

Name and Address of New Registered Agent:

COLDERA, AMINTELIZA
480 MINOLA DRIVE
MIAMI SPRINGS, FL 33166

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:

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CALDERA, FREDDY J
Address: 480 MINOLA DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TD () Delete
Name: CALDERA, AMINTELIZA
Address: 480 MINOLA DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDDY J CALDERA

PSD

04/28/2003

Electronic Signature of Signing Officer or Director

Date