

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 008 ***150.00

DOCUMENT # P98000085845

1. Entity Name

SWEDISH-AMERICAN SURGICAL TEAM, INC.

Principal Place of Business

Mailing Address

**8735 N.E. BAYSHORE DRIVE
 MIAMI, FL 33138**

**8735 N.E. BAYSHORE DRIVE
 MIAMI, FL 33138**

2. Principal Place of Business
6301 BISCAYNE BLVD

3. Mailing Address
6301 BISCAYNE BLVD

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33138

Country
USA

Zip
33138

Country
USA

4. FEI Number
65-0867924

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134**

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

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, 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 **PD STEIN, LOUIS** ☐ Delete
 STREET ADDRESS **8735 N.E. BAYSHORE DRIVE**
 CITY - ST - ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6301 BISCAYNE BLVD, SUITE 202**
 CITY - ST - ZIP

TITLE
 NAME **STD METTINGER, KARL** ☐ Delete
 STREET ADDRESS **8735 N.E. BAYSHORE DRIVE**
 CITY - ST - ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6301 BISCAYNE BLVD, SUITE 202**
 CITY - ST - ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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(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 Louis Stein**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #