

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90085 031 ***550.00

DOCUMENT # P98000087380

1. Entity Name
ALLIED SURGICAL ASSISTANT PROFESSIONALS (A.S.A.P.), P.A.

Principal Place of Business
**#5 SUNNY ROAD
ORMOND BEACH FL 32174**

Mailing Address
**#5 SUNNY ROAD
ORMOND BEACH FL 32174**

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 **59-3543748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PRIMEAU, BEVERLY~~
**2480 OCEAN SHORE BLVD. UNIT 119
ORMOND BEACH FL 32176**

Name Gail Sticings Burch
Street Address (P.O. Box Number is Not Acceptable)
12 NORTH RAVENSFIELD LANE
City ORMOND BEACH FL Zip Code 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beverly Primeau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BURGH, GAIL**
STREET ADDRESS **12 N RAVENS FIELD LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BARBER, BONNIE**
STREET ADDRESS **5 SUNNY RD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail Sticings Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-2003

Date

Daytime Phone #

386
451-3791

CR2E034 (4/03)