

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90538 045 ***150.00

DOCUMENT # P99000023309

1. Entity Name
GULF COAST SURGICAL ASSISTING, INC.

Principal Place of Business
1147 VICTORIA DR., APT. A1
DUNEDIN FL 34698

Mailing Address
1147 VICTORIA DR., APT. A1
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2024 JEFFERSON AVE

3. Mailing Address
2024 JEFFERSON AVE

City & State
DUNEDIN, FL

City & State
DUNEDIN, FL

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip
34698

Country

Zip
34698

Country

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

6. Name and Address of Current Registered Agent

CENTRACCHIO, TONY B
1147 VICTORIA DR., APT. A1
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
CENTRACCHIO, TONY B
 Street Address (P.O. Box Number is Not Acceptable)
2024 JEFFERSON AVE
 City **DUNEDIN** FL Zip Code **34698**

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 **Tony B. Centraccio**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/02
 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CENTRACCHIO, TONY B PA-C	1147 VICTORIA DR. APT A1	DUNEDIN FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CENTRACCHIO, TONY B PA-C	2024 JEFFERSON AVE	DUNEDIN, FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Tony B. Centraccio, PA-C
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

Daytime Phone #

CR2E034 (9/01)