

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029078

1. Entity Name

SURGICAL ASSOCIATES OF FLORIDA, P.A.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90566 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1921 SW 90 AVENUE  
 MIAMI FL 33165

1921 SW 90 AVENUE  
 MIAMI FL 33165-8245

2. Principal Place of Business

3. Mailing Address

1350 EAST MAIN STREET

1350 EAST MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A-2

SUITE A-2

City & State

City & State

BARTOW, FLORIDA

BARTOW, FLORIDA

Zip

Country

Zip

Country

33830

USA

33830

USA

4. FEI Number

65-0910467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEOANE, MARTHA F.A.  
 1921 SW 90 AVENUE  
 MIAMI FL 33165

Name

DEBRA L. SEOANE, M.D.

Street Address (P.O. Box Number is Not Acceptable)

4935 IRONWOOD TRAIL

City

BARTOW,

FL

Zip Code

33830

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

*Debra L. Seoane, M.D.* DEBRA L. SEOANE, M.D., PRESIDENT

4/27/00

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 D ☐ Delete  
 NAME SEOANE, DEBRA L MD  
 STREET ADDRESS 7588 WARNER AVENUE  
 CITY-ST-ZIP RICHMOND HEIGHTS MO 63117-1537

TITLE ☒ Change ☐ Addition  
 NAME DEBRA L. SEOANE, M.D.  
 STREET ADDRESS 4935 IRONWOOD TRAIL  
 CITY-ST-ZIP BARTOW, FLORIDA 33830

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Debra L. Seoane, M.D.* DEBRA L. SEOANE, M.D.

4/27/00

(863) 519-5339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)