

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 045 ***150.00

DOCUMENT # P99000029078

1. Entity Name
SURGICAL ASSOCIATES OF FLORIDA, P.A.

Principal Place of Business

1350 E MAIN STREET
SUITE A-2
BARTOW FL 33830

Mailing Address

1350 E MAIN STREET
SUITE A-2
BARTOW FL 33830

2. Principal Place of Business

2250 OSPREY BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

BARTOW, FLORIDA

Zip

33830

Country

USA

3. Mailing Address

2250 OSPREY BLVD.

Suite, Apt. #, etc.

SUITE 105

City & State

BARTOW, FLORIDA

Zip

33830

Country

USA



DO NOT WRITE IN THIS SPACE

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

SEOANE, DEBRA L
4935 IRONWOOD TRAIL
BARTOW FL 33830

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **SEOANE, DEBRA L**
STREET ADDRESS **4935 IRONWOOD TRAIL**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)