

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038048**

1. Entity Name

SURGERY CONSULTANTS OF AMERICA, INC.**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90051 032 ***150.00

Principal Place of Business

8191 COLLEGE PKWY,STE.310
FT.MYERS FL 33919

Mailing Address

8191 COLLEGE PKWY,STE.310
FT.MYERS FL 33919**00028919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8192 College Parkway

Suite, Apt. #, etc.

Suite 37

City & State

Ft. Myers, FL

Zip

Country

33919

3. Mailing Address

8192 College Parkway

Suite, Apt. #, etc.

Suite 37

City & State

Ft. Myers, FL

Zip

Country

339194. FEI Number **65-0908721**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARUSO, TODD A
8191 COLLEGE PKWY,STE.310
FT.MYERS FL 33919

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SERBIN, CARYL**
STREET ADDRESS **8191 COLLEGE PKWY,STE.310**
CITY-ST-ZIP **FT.MYERS FL 33919**TITLE **D** ☐ Delete
NAME **ENGLISH, JUDITH**
STREET ADDRESS **8191 COLLEGE PKWY,STE.310**
CITY-ST-ZIP **FT.MYERS FL 33919**TITLE **D** ☐ Delete
NAME **CARUSO, TODD A**
STREET ADDRESS **8191 COLLEGE PKWY,STE.310**
CITY-ST-ZIP **FT.MYERS FL 33919**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Serbin, Caryl**
STREET ADDRESS **8192 college Parkway, Ste 37**
CITY-ST-ZIP **Ft. Myers, FL 33919**TITLE **D** ☒ Change ☐ Addition
NAME **English, Judith**
STREET ADDRESS **8192 College Parkway, Ste. 37**
CITY-ST-ZIP **Ft. Myers, FL 33919**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01
Date**941/482-1777**
Daytime Phone #

CR2E034 (10/00)