

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000038048

1. Entity Name

Surgery Consultants of America, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12734 Kenwood Lane

3. Mailing Address
12734 Kenwood Lane

Suite, Apt. #, etc.
Suite 69

Suite, Apt. #, etc.
Suite 69

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

4. FEI Number
65-0908721

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Caryl A. Serbin

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

12734 Kenwood Lane, #69

City Fort Myers

FL Zip Code
33907

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

9/30/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D/T Todd A. Caruso 8191 College Parkway, #302 Fort Myers, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Judith English 12734 Kenwood Lane, #69 Fort Myers, FL 33907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S Caryl A. Serbin 12734 Kenwood Lane, #69 Fort Myers, FL 33907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Caryl A. Serbin

9/30/02

239-482-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)