

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0196354  
 AV

03-14-2002 90372 001 \*\*\*300.00

**DOCUMENT # P99000055475**

**1. Entity Name**  
**SCION SURGICAL, INC.**

**Principal Place of Business**

~~5200 BLUE LAGOON DR., STE. 890~~  
~~MIAMI FL 33126~~

**Mailing Address**

~~5200 BLUE LAGOON DR., STE. 890~~  
~~MIAMI FL 33126~~



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

12415 SW 136 Ave  
 Suite, Apt. #, etc.  
 Unit #2

**3. Mailing Address**

same as other  
 Suite, Apt. #, etc.  
 //

**City & State**

Miami, FL  
 33186 Country US

**City & State**

//  
 Zip // Country

**4. FEI Number**

65-0841214

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LEVINSON, MICHAEL  
 5200 BLUE LAGOON DR., STE. 890  
 MIAMI FL 33126

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LEVINSON, MELVIN 5200 BLUE LAGOON DRIVE #890 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, MICHAEL 5200 BLUE LAGOON DR #890 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAKOFF, STEPHEN 5200 BLUE LAGOON DR #890 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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)