

JUN-02-2003(MON) 02:27

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Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000063230**

1. Entity Name

SURGE-ON MEDICAL, INC.**DO NOT WRITE IN THIS SPACE****55046632**

2. Principal Place of Business

9241 BYRON AVE

3. Mailing Address

9241 BYRON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SURFSIDE, FL

City & State

SURFSIDE, FL

4. FEI Number

65-0936045

Applied For

Not Applicable

Zip

33154

Country

Zip

33154

Country

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

7. Name and Address of Current Registered Agent

Name

MICHAEL SALZHAWER

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

9241 BYRON AVE

City

SURFSIDE

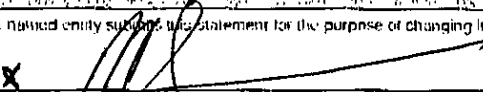
State

FL

Zip Code

33154

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 ☒**6/2/03**

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 15, 2003 \$150.00
 May 16 - September 15, 2003 \$250.00
 October 1 - December 31, 2003 \$350.00
 (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	SALZHAWER, MICHAEL, President	TITLE	PRESIDENT
NAME		NAME	
STREET ADDRESS	9241 BYRON AVE	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(1)(a), 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 updates, if approved.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature: _____

6/2/03