

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069002

1. Entity Name

CENTRAL FLORIDA ADVANCED SURGICAL CARE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90081 023 \*\*\*150.00

Principal Place of Business

Mailing Address

8825 LARWIN LANE  
ORLANDO FL 32817

8825 LARWIN LANE  
ORLANDO FL 32817-1344

2. Principal Place of Business

2301 ALAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2301 ALAN DRIVE

Suite, Apt. #, etc.

City & State

VALPARAISO, IN-

City & State

VALPARAISO, IN-

Zip

46383

Country

USA

Zip

46383

Country

USA

4. FEI Number

59-3590373

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

J.A. JURGENS, P.A.  
505 WEKIVA SPRINGS RD., STE. 800  
LONGWOOD FL 32779

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	D KHABBAZ, WALID	<input type="checkbox"/> Delete
STREET ADDRESS	8825 LARWIN LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D KHABBAZ, WALID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2301 ALAN DRIVE	
CITY-ST-ZIP	VALPARAISO, IN. 46383	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

W. Khabbaz REWARD KHABBAZ

4/9/00

(219) 465-645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #