

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000078717

1. Corporation Name

UNITED SURGICAL ASSISTANTS, INC.

Principal Place of Business

Mailing Address

3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1999

SP

5. FEI Number

59-3596757

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAVALLARO, DANIEL	3502 HENDERSON BOULEVARD, SUITE 3712 W. AZEEL ST.	TAMPA FL 33609
D	PIGA, JOE Delete	3502 HENDERSON BOULEVARD, SUITE	TAMPA FL 33609
D	PULS, BRANDIE	3502 HENDERSON BOULEVARD, SUITE 3712 W. AZEEL ST.	TAMPA FL 33609
D	PULS, JOHN	3502 HENDERSON BOULEVARD, SUITE 3712 W. AZEEL ST.	TAMPA FL 33609
			100003441661--9 -10/27/00--01017--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAVALLARO, DANIEL
3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Daniel Cavallaro
REGISTERED AGENT MUST SIGN

Date

10/12/2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daniel Cavallaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/2005 813
875 7132

CR2E040 (800)