

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078717

1. Entity Name
UNITED SURGICAL ASSISTANTS, INC.

Principal Place of Business
3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

Mailing Address
3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

2. Principal Place of Business
3712 W. AZEELE ST
Suite, Apt. #, etc.

3. Mailing Address
3712 W. AZEELE ST.
Suite, Apt. #, etc.

City & State
Tampa, Florida
Zip
33609
Country
USA

City & State
Tampa, Florida
Zip
33609
Country
USA

4. FEI Number 59-3596757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAVALLARO, DANIEL
3502 HENDERSON BOULEVARD
SUITE 300
TAMPA FL 33609

Name
James Tully
Street Address (P.O. Box Number is Not Acceptable)
3712 W. AZEELE STREET
City Tampa FL Zip Code 33609

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAVALLARO, DANIEL 3712 W. AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PULS, BRANDIE 3712 W. AZEELE ST TAMPA FL 33609 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PULS, JOHN 3712 W. AZEELE ST TAMPA FL 33609 <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 |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D President Tully, James 3712 W. AZEELE ST. Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" 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 | D Pica, Joseph 3712 W. AZEELE ST. Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" 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: James A. Tully JAMES A. TULLY 813-877-7857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90455 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)