

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90009 037 ***150.00

DOCUMENT # P99000078717

1. Entity Name
UNITED SURGICAL ASSISTANTS, INC.

Principal Place of Business

**3712 W AZALEA STREET
TAMPA FL 33609**

Mailing Address

**3712 W AZALEA STREET
TAMPA FL 33609**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**TULLY, JAMES
3712 W AZALEA STREET
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

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

**5440 BEAUMONT CENTER BLD., SUITE 490
City TAMPA FL Zip Code 33634**

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

James A. Tully

JAMES A TULLY PRES.

4-11-02

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 **DP** ☐ Delete
NAME **TULLY, JAMES**
STREET ADDRESS **3712 W AZALEA STREET**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **PULS, BRANDIE**
STREET ADDRESS **3712 W. AZEELE ST**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **PULS, JOHN**
STREET ADDRESS **3712 W. AZEELE ST**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **PICA, JOSEPH**
STREET ADDRESS **3712 W AZALEA STREET**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

James A. Tully
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. TULLY

4-11-02

Date

Daytime Phone #

CR2E034 (9/01)