

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90232 038 ***150.00

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DOCUMENT # P99000106602

1. Entity Name
UNITED SURGICAL ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
**21 N HEPBURN STREET
SUITE 28
JUPITER FL 33458**

Mailing Address
**18 PINE HILL TRAIL WEST
TEQUESTA FL 33469**



2. Principal Place of Business
21 N HWY US1

3. Mailing Address

Suite, Apt. #, etc.
21

Suite, Apt. #, etc.

City & State
TEQUESTA, FLORIDA

City & State

4. FEI Number **65-1012364**

Applied For
Not Applicable

Zip **33469** Country **PALM BEACH**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAMBINO, PHILIP M
18 PINE HILL TRAIL WEST
TEQUESTA FL 33469**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Philip M Bambino*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BAMBINO, PHILIP M**
STREET ADDRESS **18 PINE HILL TRAIL WEST**
CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip M Bambino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

561-741-1392
Daytime Phone #

CR2E034 (10/02)