

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91461 001 \*\*\*150.00

0197490 AV

**DOCUMENT # V22035**

1. Entity Name  
**ATLANTIC SURGICAL CENTER, INC.**



Principal Place of Business  
**150 SW 12TH AVE  
STE 201  
POMPANO BEACH FL 33069  
US**

Mailing Address  
**150 SW 12TH AVE  
STE 201  
POMPANO BEACH FL 33069  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0326711**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**JASON UNGER  
301 SOUTH BRONOUGH STREET #600  
TALLAHASSEE FL 32301**

Name **PAMELA MIDDLEBROOKS**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SW 12TH AVE**  
**STE. 201**  
City **Pompano Bch** FL Zip Code **33069**

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 *Pamela Middlebrooks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-03**

**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 **DPT** ☐ Delete  
NAME **BEEBE, JOHN W.**  
STREET ADDRESS **150 SW 12TH AVE #201**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **PAMELA MIDDLEBROOKS, VP** ☐ Change ☒ Addition  
NAME **150 SW 12TH AVE**  
STREET ADDRESS **STE 201**  
CITY-ST-ZIP **Pompano Bch, FL 33069**

TITLE **D** ☐ Delete  
NAME **JOHN GOMEZ**  
STREET ADDRESS **150 SW 12TH AVE #201**  
CITY-ST-ZIP **POMPANO BCH FL 33069**

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

TITLE **DPST** ☐ Delete  
NAME **BEEBE, JOHN**  
STREET ADDRESS **150 SW 12TH AVE #201**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*John W. Beebe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03**

Date

**954-785-5530**

Daytime Phone #

CR2E034 (10/02)