

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 006 \*\*\*150.00

**771195**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P99000069002				<b>1. Entity Name</b> CENTRAL FLORIDA ADVANCED SURGICAL CARE, INC.	
<b>Principal Place of Business</b> 2301 ALAN DRIVE JALPARAISO, IN. 46383		<b>Mailing Address</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3590373	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> J. A. JURGENS, P.A. 505 WEKIVA SPRINGS RD., SUITE 800 LONGWOOD, FL. 32779			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WALID KHABBAZ 2301 ALAN DR. JALPARAISO, IN. 46383 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>W. Khabbaz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			WALID KHABBAZ		Date: 4/27/01 Daytime Phone #: (219) 465-6452

CR2E034 (1/1/00)