

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 IF ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

1995 8-3-95 B-8087-C

FILED

95 AUG -3 AM 9:49

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L70766 (5)

1. Corporation Name
SARASOTA SURGICAL SPECIALISTS, P.A.

Principal Place of Business Mailing Address
C/O JOHN W. REEDER **C/O JOHN W REEDER**
1921 WALDEMERE ST. STE 705 **1921 WALDEMERE ST. STE 705**
SARASOTA FL 34239 **SARASOTA FL 34239**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/03/1990** 3a. Date of Last Report **02/16/1994**
 4. FEI Number **65-0189869** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip 29 County 30 County

9. Name and Address of Current Registered Agent
REEDER, JOHN W.
1921 WALDEMERE ST, STE 705
SARASOTA FL 34239

10. Name and Address of New Registered Agent
 81 Name **Russell W. Novak**
 82 Street Address (P.O. Box Number is Not Acceptable) **1921 Waldemere St Ste 705**
 83
 84 City **SARASOTA** FL 85 Zip **34239**

11. Pursuant to the provisions of Sections 607.0509 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY - ST - ZIP
 D REEDER, JOHN W. 1921 WALDEMERE ST STE 705 SARASOTA, FL 34239
 D NOVAK, RUSSELL W. 1921 WALDEMERE ST STE 705 SARASOTA, FL 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1 1 TITLE Change Addition
 12 NAME **PRESIDENT**
 13 STREET ADDRESS **Russell W Novak**
1921 Waldemere St Ste 705
SARASOTA, FL 34239
 14 CITY - ST - ZIP
 2 1 TITLE Change Addition
 22 NAME **VICE PRESIDENT**
BERT A BOWERS, MD
 23 STREET ADDRESS **1921 Waldemere St Ste 705**
SARASOTA, FL 34239
 24 CITY - ST - ZIP
 3 1 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 4 1 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 5 1 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 6 1 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or by attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Please Print)

6/9/95

CR2E034 (3/95)