## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

SIGNATURE:

DOCUMENT # **L70766** 

(5)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARASOTA SURGICAL SPECIALISTS, P.A.

-C/O JOHN W. REEDER 1921 WALDEMORE ST. STE 705 SARASOTA FL 34239 US			C/O JOHN W REEDER 1921 WALDMERE ST. STE 705 SARASOTA FL 34239 US		3. Date Incorporated or Qualifier 05/03/1990	d <b>3a.</b> Da	ite of Last Ro 08/03/19		
2. Principal	Place of Busin	0SS	2a. Mailing Address		/A	4. FEI Number			Applied For
1	7	urgical Specia		JRGGCHC	BULAUSI	65-0189869			Not Applicable
Suite, Ap 22   1921   L		NE ST. STE 705	Suite, Apt. #, etc. 27 1921 Woldane	ne der Si	E 705	5. Certificate of Status Desired			Additional Required
City & Sta 23 SAR	ty & State SARA SOTTA FLORIDA		City & State  28 SARASOTA RUE			Election Campaign Financing     Trust Fund Contribution		•	May Be to Fees
<sub>24]</sub> <sup>24</sup> 342	239	25 LISA	29 Zip 34239	30 US/1		8. This corporation has liability for intangitive tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name	and Address of Curren	Registered Agent		Od Name	10. Name and Address of New	/ Registere	d Agent	
NOW	AL DUODELL				81 Name				
	ak, russeli Waldemer			8		82 Street Address (P.O. Box Number is Not Acceptable)			
STE		E 31			83				
	ASOTA FL 34	1239	1						· · · · · · · · · · · · · · · · · · ·
O/ U V	10011111				84 City		F	85 Zıj	Code
	with, and acce	pt the doligations of, Section	on 607.0505, Florida Statute RUSSE Inditale if applicable DIRECTORS	I'W No	AK, MD Agant signature rerjui	ard of directors. I hereby accept the a ed when reinstating: ADDITIONS/CHANGES TO C	415/	96	
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NAME	NOVAK, RUSSELL			12 N/	AME				
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CITY ST ZIP		SOTA FL			TY-ST-ZIP				
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STREET ADDRES	ss		^		REET ADDRESS				
C TY-ST-ZIF	-		110		TY-ST-ZIP				
14. I do her certify the oath; the	that the informa nat I am an offic	t the information supplied witton indicated on this annu- cer or director of the copie or Block 13 if changed or c	al report or single nental an ration of the	rnished and inual report i tee empowe	does not qualify s true and accu	for the exemption stated in Section 1 rate and that my signature shall have his report as required by Chapter 607	he same leg	al effect as r	made under