

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70766 (5)

1. Corporation Name

SARASOTA SURGICAL SPECIALISTS, P.A.



Principal Place of Business

Mailing Address

C/O JOHN W. REEDER
1921 WALDEMERE ST. STE 705
SARASOTA FL 34239
US

C/O JOHN W. REEDER
1921 WALDEMERE ST. STE 705
SARASOTA FL 34239
US

3. Date Incorporated or Qualified
05/03/1990

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21. SARASOTA SURGICAL SPECIALISTS SARASOTA SURGICAL SPECIALISTS

4. FEI Number

65-0189869

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 1921 Waldemere St. STE 705

27. 1921 Waldemere St STE 705

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23. SARASOTA FLORIDA

28. SARASOTA FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. 34239

Country

25. USA

Zip

29. 34239

Country

30. USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOVAK, RUSSELL W
1921 WALDEMERE ST
STE 705
SARASOTA FL 34239

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and title if applicable

Russell W. Novak, MD

1/15/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
NOVAK, RUSSELL
1921 WALDEMERE ST STE 705
SARASOTA FL

1. 1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

2. 1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

3. 1. TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

4. 1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

5. 1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

6. 1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
BOWERS, BERT A
1921 WALDEMERE ST STE 705
SARASOTA FL

7. 1. TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

941 917 6304

Date

Daytime Phone #

CR2E034 (12/95)