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 Apr 30 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L70766 (5)
 1. Corporation Name
 SARASOTA SURGICAL SPECIALISTS, P.A.



Principal Place of Business: SARASOTA SURGICAL SPECIALIST, 1921 WALDEMERE STREET STE 705, SARASOTA FL 34239, US

Mailing Address: SARASOTA SURGICAL SPECIALIST, 1921 WALDEMERE STREET STE 705, SARASOTA FL 34239-2913, US

3. Date Incorporated or Qualified: 05/03/1990
 3a. Date of Last Report: 01/23/1996

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

8. This corporation has liability for in remittable tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25.

2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

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

10. Name and Address of New Registered Agent
 Name: JOHN D. NORA, MD
 Street Address (P.O. Box Number is Not Acceptable): 1921 Waldemere St. STE 705
 City: SARASOTA FL 85 Zip: 34239

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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: John D. Nora
 Signature typed or printed name of registered agent and title if applicable: (NOTE: Registered signature required when reinstating)
 DATE: 4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE: P	NOVAK, RUSSELL	1.1	JOHN D. NORA MD
STREET ADDRESS: 1921 WALDEMERE ST STE 705	SARASOTA FL	1.2	1921 Waldemere St STE 705
CITY - ST - ZIP: SARASOTA FL		1.3	SARASOTA FL 34239
TITLE: VP	BOWERS, BERT A	2.1	VP BERT A BOWERS MD
STREET ADDRESS: 1921 WALDEMERE ST STE 705	SARASOTA FL	2.2	1921 Waldemere St STE 705
CITY - ST - ZIP: SARASOTA FL		2.3	SARASOTA FL 34239
TITLE: T	REEDER, JOHN W MD	3.1	VP JOHN W REEDER MD
STREET ADDRESS: 1921 WALDEMERE STREET STE 705	SARASOTA FL	3.2	1921 Waldemere St STE 705
CITY - ST - ZIP: SARASOTA FL		3.3	SARASOTA FL 34239
TITLE:		4.1	Sec. RUSSELL W NOVAK MD
STREET ADDRESS:		4.2	1921 Waldemere St STE 705
CITY - ST - ZIP:		4.3	SARASOTA FL 34239
TITLE:		5.1	Bert A Bowers MD
STREET ADDRESS:		5.2	1921 Waldemere St STE 705
CITY - ST - ZIP:		5.3	SARASOTA FL 34239
TITLE:		6.1	
STREET ADDRESS:		6.2	
CITY - ST - ZIP:		6.3	

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature]
 DATE: 4/24/97
 Daytime Phone #

CR2E034 (9/96)