

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 20 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # L70766 (5)

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 SARASOTA SURGICAL SPECIALIST SARASOTA SURGICAL SPECIALIST
 1921 WALDEMERE STREET STE 705 1921 WALDEMERE STREET STE 705
 SARASOTA FL 34239 SARASOTA FL 34239
 US US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
 05/03/1990
 4. FEI Number Applied For
 65-0189869 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 NORA MD, JOHN D
 1021 WALDEMERE STREET
 STE #705
 SARASOTA FL 34239

10. Name and Address of New Registered Agent
 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]* M.P. DATE: 8/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	VP
NAME	NOVAK, RUSSELL	1.2 NAME	
STREET ADDRESS	1921 WALDEMERE ST STE 705	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	S
NAME	BOWERS, BERT A	2.2 NAME	
STREET ADDRESS	1921 WALDEMERE ST STE 705	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	REEDER, JOHN W MD	3.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET STE 705	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	VP T
NAME	NORA MD, JOHN D	4.2 NAME	
STREET ADDRESS	1921 WALDEMERE ST, #705	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	PRESIDENT
NAME	FOGLEMAN MD, JAMES H	5.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET, #705	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 execute 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]* DATE: 8/7/98

CR2E034 (5/98)