

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L84965 (7)
 1. Corporation Name:
DAY SURGERY, INC.

FILED
95 JUL -7 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **% WILLIAM B. DREYER M.D. P O BOX 8077 PORT ST LUCIE FL 34985**
 Mailing Address: **% WILLIAM B. DREYER M.D. P O BOX 8077 PORT ST LUCIE FL 34985**

3. Date Incorporated or Qualified: **07/03/1990** 3a. Date of Last Report: **04/19/1994**
 4. FEI Number: **65-0208971** 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 intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DREYER, WILLIAM B.
 1715 SE TIFFANY AVENUE
 PORT ST LUCIE FL 34985**

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]* DATE: **6/29/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DREYER, WILLIAM B., MD
STREET ADDRESS	1715 SE TIFFANY AVE
CITY - ST - ZIP	PT ST LUCIE FL
TITLE	D
NAME	DEL ROWE, DANIEL MD
STREET ADDRESS	1715 SE TIFFANY AVE
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]* **William B. Dreyer** DATE: **6/29/95** (407) 283-8711

CR2E034 (3/95)