


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90177 050 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003107**

1. Corporation Name  
**FLORIDA KEYS AMBULATORY SURGICAL CENTER, INC.**

Principal Place of Business 8151 OVERSEAS HIGHWAY MARATHON FL 33050	Mailing Address 8151 OVERSEAS HIGHWAY MARATHON FL 33050
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/27/1997
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. SUITE 500	4. FEI Number 65-0764770
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30 Country		

9. Name and Address of Current Registered Agent

**MANKOWITZ, BARRY**  
**8151 OVERSEAS HIGHWAY STE. 500**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *(Signature)* **BARRY J MANKOWITZ (M)** DATE **Jan 6 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANKOWITZ, BARRY	
STREET ADDRESS	8151 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLSCZAK, ANDREW J	
STREET ADDRESS	8151 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOTELHO, GEORGE	
STREET ADDRESS	8151 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* **ATLANTA ST. QUANTROTT 2 MI** DATE **Jan 6 1999** DAYTIME PHONE # **305 743 5544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)