

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # **P94000041969 (4)**

1. Corporation Name
THE SURGERY GROUP, P.A.

Principal Place of Business Mailing Address
**1717 N. "E" STREET, SUITE 423-
PENSACOLA FL 32501** **1717 N. "E" STREET, SUITE 423-
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1994** 3a. Date of Last Report

2. Principal Place of Business		25. Mailing Address		4. FEI Number		Applied For	
21		26		59-3256236		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
434		434		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
		Escambia				Escambia	

9. Name and Address of Current Registered Agent
**RUBEY, ROBERT
1717 N. "E" STREET, SUITE 423
PENSACOLA FL 32501**

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEY, ROBERT M.D.	2. NAME	
STREET ADDRESS	1717 N. "E" STREET, SUITE 423	3. STREET ADDRESS	Suite 434
CITY - ST - ZIP	PENSACOLA FL 32501	4. CITY - ST - ZIP	
TITLE	D	21. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODNETTE, F. BROOKS JR.	22. NAME	
STREET ADDRESS	1717 N. "E" STREET, SUITE 423	23. STREET ADDRESS	Suite 434
CITY - ST - ZIP	PENSACOLA FL 32501	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, GLENN M.D.	32. NAME	
STREET ADDRESS	1717 N. "E" STREET, SUITE 423	33. STREET ADDRESS	Suite 434
CITY - ST - ZIP	PENSACOLA FL 32501	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, JOSEPH F M.D.	42. NAME	
STREET ADDRESS	1717 N. "E" STREET, SUITE 423	43. STREET ADDRESS	Suite 434
CITY - ST - ZIP	PENSACOLA FL 32501	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.07(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR