

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P94000041969 (4)**

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



Principal Place of Business

1717 N.E. "E" STREET  
SUITE 434  
PENSACOLA FL 32501  
US

Mailing Address

1717 N. "E" STREET  
SUITE 434  
PENSACOLA FL 32501-6338  
US

2. Principal Place of Business

21 | Sub. Agent #

22 | City & State

23 | Zip Country

24 | 25 |

2a. Mailing Address

26 | Suite, Apt. #, etc.

27 | City & State

28 | Zip Country

29 | 30 |

3. Date Incorporated or Qualified <b>06/06/1994</b>	3a. Date of Last Report <b>03/21/1996</b>
4. FEI Number <b>59-3256236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEON, JOSEPH**  
1717 N. "E" ST. #434  
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 607.0907 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	\$ <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RUBEY, ROBERT M.D.	1.2 NAME	
3. STREET ADDRESS	1717 N. "E" STREET, SUITE 434	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
5. TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	HODNETTE, F. BROOKS JR.	2.2 NAME	
7. STREET ADDRESS	1717 N. "E" STREET, SUITE 434	2.3 STREET ADDRESS	
8. CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
9. TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	LEVINE, GLENN M.D.	3.2 NAME	
11. STREET ADDRESS	1717 N. "E" STREET, STE. 434	3.3 STREET ADDRESS	
12. CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
13. TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	LEON, JOSEPH F M.D.	4.2 NAME	
15. STREET ADDRESS	1717 N. "E" STREET, SUITE 434	4.3 STREET ADDRESS	
16. CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. 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 is taken 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 on Part 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x *Robert Rubey MD* x 3/6/97 x 904444777

CR2E034 (9/96)