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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90149 001 ***150.00

DOCUMENT # P95000014569

1. Corporation Name

THE SURGEON GROUP, INC.

Principal Place of Business								
1101 OLDE DOUBLOON DRIVE. VERO BEACH FL 32963								

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

PO BOX 3148 VERO BCH. FL 32964

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/20/1995 4. FEI Number

65-0564370

Zip	Country	Zip		ountry		8. This corporation owes the curr				
4	25	29	30			Personal Property Tax.		☐ Yes	X No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
COLLINS, GEORGE G JR. 756 BEACHLAND BLVD VERO BEACH FL 32963					ame treet Addre	ess (P.O. Box Number is Not Accepta	able)			
				1	ity		FL		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	Stgnature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Registe	ered Agent sign	ature required	when reinstating)	DATE			
12.	OFFICERS AND		1	3.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TITLE	VP	☐ DELET	1.	1 TITLE				☐ Change	Addition	
NAME	SURGEON, DIANA S		1.	2 NAME					ļ	
STREET ADDRESS	1101 OLDE DOUBLOON DRIVE		1.	3 STREET ADD	RESS)	
CITY-ST-ZIP	VERO BEACH FL 32963		1/	4 CITY-ST-ZIP	.	_				
TITLE	D	DELET	2.	1 TITLE			,	☐ Change	Addition	
NAME	SURGEON, CASSANDRA G		2.	2 NAME						
STREET ADDRESS	1101 OLDE DOUBLOON DRIVE		2.	3 STREET ADD	RESS				}	
CITY-ST-ZIP	VERO BEACH FL 32963		. 2.	4 CITY-ST-ZIF	, , _					
TITLE	D	DELET		1 TITLE				Change	Addition	
NAME	MUMM, BRUCE W.			2 NAME	ļ					
STREET ADDRESS	2900 14TH ST. N.		3.	3 STREET ADD	RESS				Ì	
CITY-ST-ZIP	NAPLES FL 33940		3.	4. CITY-ST-ZIF						
TITLE	P	☐ DELET		1 TITLE			•	Change	☐ Addition	
NAME	SURGEON, WILLIAM F.		4.	2 NAME	50	RGEON, JR., WILLIAM	L.F.			
STREET ADDRESS	1101 OLDE DOUBLOON DRIVE		4.	3 STREET ADD	- 1				Ì	
CITY-ST-ZIP	VERO BEACH FL 32963		4.	4 CITY-ST-ZIF	.					
TITLE		☐ DELET	5.	1 TITLE	_			☐ Change	ddition	
NAME			5.	2 NAME						
STREET ADDRESS			5.	3 STREET ADD	RESS				}	
C/TY-ST-ZIP			5.	4 CITY-ST-ZIF	,	_				
TITLE	, , <u>, , , , , , , , , , , , , , , , , </u>	☐ DELET	6.	1 TITLE	_			☐ Change	Addition	
NAME			6.	2 NAME					:	
STREET ADDRESS			6.	3 STREET ADO	RESS				}	
CITY-ST-ZIP			6.	4 CITY-ST-ZIF	,					

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 informationicated 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, with all other like empowered.

SIGNATURE:

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