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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90008 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058388

1. Corporation Name
SURGERY CENTER OF OKEECHOBEE, INC.

Principal Place of Business 245 N.E. 19TH DRIVE OKEECHOBEE FL 34972-1933	Mailing Address 245 N.E. 19TH DRIVE OKEECHOBEE FL 34972-1933
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1655 Highway 441 North Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	23. City & State Okeechobee, FL 24 Zip 34972 25 Country USA 29 Zip 30 Country
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3. Date Incorporated or Qualified 06/30/1998	4. FEI Number 65-0847931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RAPPEL, ROBERT
2770 INDIAN RIVER BLVD.
SUITES 314/315
VERO BEACH FL 32960-4230

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZA, JOHN M.D.	1.2 NAME	
STREET ADDRESS	200 19TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, RICHARD M.D.	2.2 NAME	
STREET ADDRESS	245 19TH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, JOHN M.D.	3.2 NAME	
STREET ADDRESS	235 N.E. 19TH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURESHI, ZAFAR M.D.	4.2 NAME	
STREET ADDRESS	214 N.E. 19TH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MANUEL M.D.	5.2 NAME	
STREET ADDRESS	306 N.E. 19TH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MARC M.D.	6.2 NAME	
STREET ADDRESS	P.O. BOX 494H DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	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 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: *Katherine Harris* **INDIVIDUAL** **3/27/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)