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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

65-0847931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME LANZA, JOHN M.D.
STREET ADDRESS 200 19TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE STD
NAME JAMES, RICHARD M.D.
STREET ADDRESS 245 19TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D
NAME CHANG, JOHN M.D.
STREET ADDRESS 235 N.E. 19TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D
NAME KURESHI, ZAFAR M.D.
STREET ADDRESS 214 N.E. 19TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D
NAME GARCIA, MANUEL M.D.
STREET ADDRESS 306 N.E. 19TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D
NAME LEVINE, MARC M.D.
STREET ADDRESS P.O. BOX 494H DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

K. A. Lanza, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99
Date

Daytime Phone #

CR2E034 (11/98)