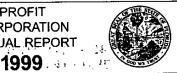
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058388

1. Corporation Name

| SURGER | ly center of okeechobi | EE, INC. | | | | | |
|---|---|-----------------------------------|---------------------|-------------------------|--|--------------------|------------------|
| Principal Place | e of Business | Mailing Address | | | # 1001100) 11# 1000! 10111 60171 00111 00111 | | (\$191 3B31 1881 |
| 245 N.E. 19TH DRIVE 245 N.E. 19TH DRIVE | | | | | | 4 | . . |
| OKEECHOBEE FL 34972-1933 OKEECHOBEE FL 34972-1933 | | | | | DO NOT WRITE IN T | THIS SPACE | |
| .= | ANTEN TO THE SPEED | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 06/30/1998 | | |
| 2 Principal P | lace of Business , | 2a. Mailing Address | | | 4. FEI Number | Ар | plied For |
| 1 1655 Highway 441 North 26 | | | | | 65-0847931 | | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A Fee Re | |
| City & Stat | e . | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| ¬ | chobee FL | 28 | | Trust Fund Contribution | Added t | | |
| Zip | Country | Zip | Country | y | 8. This corporation owes the current year | r Intangible | |
| <u> 349</u> - | 12 [25] WA | 29 30 | 5 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Current | Registered Agent | | • | 10. Name and Address of New Registe | red Agent | |
| | | | 81 | Name | | | |
| RAPPEL; ROBERT | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| 2770 INDIAN RIVER BLVD. | | | | | | | |
| SUITES 314/315 | | | 83 | 3 | | | |
| VERO BEACH FL 32960-4230 | | | 84 | City | | 85 Zip (| Code |
| | | <u></u> | 1 | 1 | rporation submits this statement for the purpos | FL C | |
| office or r | egistered agent, or both, in the State of manillar with, and accept the obligat | ions of, Section 607.0505, Florid | a Statute | s. | tion's board of directors. I hereby accept the a | ppointment as re- | gistered |
| 12. | OFFICERS AND DIRECTORS . | | 13. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | RS IN 12 |
| TITLE . | PD | ☐ DELETE | 1.1 TITLE | | <u> </u> | ☐ Change | Addition |
| NAME + 33 | LANZA, JOHN M.D. | | 1.2 NAME | , | | | |
| STREET ADDRESS | 200 19TH DRIVE | | 1.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | _ | 1.4 CITY- | ŞT-ZIP | 417 | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | JAMES, RICHARD M.D. | | 2.2 NAME | | | | |
| STREET ADDRESS | i de la calcala | | 2.3 STREE | ET ADDRESS | | | 1 |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | | 2.4 CITY- | ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | CHANG, JOHN M.D. | | 3.2 NAME | 1 | | | |
| STREET ADDRESS | 1 | | 3.3 STREE | ET ADDRESS | | | ļ |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | | 3.4, CITY- | ST-ZIP | | [T] 01 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | KURESHI, ZAFAR: M.D. | | .4. 2 NAME | | | | |
| STREET ADDRESS | | | | ET ADORESS | | | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | | 4.4 CITY- | | | · [] Chance | - Addition |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | ·Change | Addition |
| NAME | CANODA, MANDE M.D. | | 5.2 NAME | | · | • | |
| STREET ADDRESS | 55 300 N.C. 1911 DINVE | | | ET ADDRESS | | | J |
| CITY-ST-ZIP | ONLEGITOBLE 1 CONT. | | 5.4 CITY-: | | | Change | Addition |
| TITLE | | | | į. | | | |
| NAME | LEVINE, MARC M.D. | | 6.2 NAME | | | | |

14. 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 chapted on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-ZIP

P.O. BOX 494H DRIVE

OKEECHOBEE FL 34972

Daytime Phone #

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90008 009 ***150.00