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

* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90005 036 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCO	MEN # 367998			·	
1. Corporation Name SARASOTA SURGICAL CLINIC, INC.					
UMNAUU	IN OUNGIONE OLINIO, INO	•		.	
		,			
Principal Place	of Business	Mailing Address			tis mingt ments ninte ninte dinte dinte inde
1501 N. DR.		1501 N. DR.			•
25725		25725 CADACOTA EL 24220		DO NOT WRITE IN THIS SPACE	
SARASOTA FL 34239		SARASOTA FL 34239		3. Date Incorporated or Qualifed	
				08/05/1970	
2. Principal Pl	ace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		24-1502772	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City P. State		0. Florito Compaine Figure	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	⊢ , ` -	30	Personal Property Tax.	☐ Yes 📈 No
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
1011	100N 014DIE0 4		81 Name		•
JOHNSON, CHARLES A			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1501 N: DR: SARASOTA FL 34239				F. A. LANDS MADE TOO MEETS AND THE PARTY OF	er win gerin Gran o die non blode. L'agan Rivis Lai Chair Bible indi.
SARASUIA FL 34239			83	[2] 《開發] [2] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
			84 City		85 Zip Code
487 8	4. the manufalance of Cartinus CO2 OFO	2 and 607 1509 Florida Statuta	s the above named core		
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	1	•
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Agent signature require	The state of the s	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CHARLES A		1.2 NAME		
STREET ADORESS	1501 N. DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	JOHNSON, CHARLES A		2.1 ISILE 2.2 NAME	•	
NAME STREET ADORESS	1501 N. DR.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADORESS	SARASOTA FL		2.4 CITY-ST-ZIP	:	_
TITLE .	O HENCOTTE L	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	1.484.37 1.4		3.2 NAME		
STREET ADDRESS	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		3.3 STREET ADDRESS	1.4 一提了"4 接號 國際 光程度 達	生物 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
CITY-ST-ZIP	(Fig. 6) - 7		3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Section Change: Section
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS	:	
ĆITY-ST-ZIP		□ SCIETE	4.4 CITY-ST-ZIP	<u> </u>	☐ Change '☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	, 1 , 1 , 2	C Cuarge C Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS	7.5		5.4 City-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•
CITY-ST-ZIP TITLE	1865 1888 N. 18 1 1 1 1	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	All Control		6.2 NAME		
· · · · · · · · · · · · · · · · · · ·	Section 1		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP