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Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90005 036 \*\*\*150.00



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|---|--|---|---|--|--|
| <b>* PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 367998</b>  |  |   |   |  |  |
| 1. Corporation Name:<br><b>SARASOTA SURGICAL CLINIC, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>1501 N. DR.<br/>25725<br/>SARASOTA FL 34239</b>   |  |   | Mailing Address<br><b>1501 N. DR.<br/>25725<br/>SARASOTA FL 34239</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 08/05/1970   |  |
| 22 City & State   |  | 27 City & State   |   | 4. FEI Number  |  |
| 23 Zip  |  | 28 Zip  |   | 24-1502772   |  |
| 24 Country  |  | 29 Country  |   | 30   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent                          |  |  |
| JOHNSON, CHARLES A<br>1501 N. DR.<br>SARASOTA FL 34239  |  |   | 81 Name   |  |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)                 |  |  |
|   |  |   | 83  |  |  |
|   |  |   | 84 City   |  |  |
|   |  |   | 85 Zip Code   |  |  |
|   |  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |  |  |
| 1.1 TITLE   |  |   |   |  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 CITY-ST-ZIP   |  |   |   |  |  |
| 2.1 TITLE   |  |   |   |  |  |
| 2.2 NAME  |  |   |   |  |  |
| 2.3 STREET ADDRESS  |  |   |   |  |  |
| 2.4 CITY-ST-ZIP   |  |   |   |  |  |
| 3.1 TITLE   |  |   |   |  |  |
| 3.2 NAME  |  |   |   |  |  |
| 3.3 STREET ADDRESS  |  |   |   |  |  |
| 3.4 CITY-ST-ZIP   |  |   |   |  |  |
| 4.1 TITLE   |  |   |   |  |  |
| 4.2 NAME  |  |   |   |  |  |
| 4.3 STREET ADDRESS  |  |   |   |  |  |
| 4.4 CITY-ST-ZIP   |  |   |   |  |  |
| 5.1 TITLE   |  |   |   |  |  |
| 5.2 NAME  |  |   |   |  |  |
| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 CITY-ST-ZIP   |  |   |   |  |  |
| 6.1 TITLE   |  |   |   |  |  |
| 6.2 NAME  |  |   |   |  |  |
| 6.3 STREET ADDRESS  |  |   |   |  |  |
| 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:** *Charles A. Johnson* **CHARLES A. JOHNSON** *1/1/99* **941-366-3121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/98)