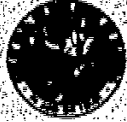


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:05

DOCUMENT # 523899 (3)

1. Corporation Name
FLORIDA SURGICAL GROUP, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**106 BOSTON AVENUE
ALTAMONTE SPRGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/01/1977	3a. Date of Last Report 04/05/1994
4. FEI Number 50-1713370	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 has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERSCOVICH, EUGENIO A. 106 BOSTON AVENUE ALTAMONTE SPRGS FL 32701		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSCOVICH, E.A.	1.2 NAME	
STREET ADDRESS	106 BOSTON AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULCH, GEORGE A.	2.2 NAME	
STREET ADDRESS	106 BOSTON AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURSO, J. MICHAEL	3.2 NAME	
STREET ADDRESS	106 BOSTON AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, ANDREW	4.2 NAME	
STREET ADDRESS	106 BOSTON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYAR, JEFFREY	5.2 NAME	
STREET ADDRESS	106 BOSTON AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, respectively, or on an attachment with an address.

SIGNATURE: **E.A. GERSCOVICH** 11 April 95 407834696
Date Daytime Phone