

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **523899** (3)

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



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

3. Date Incorporated or Qualified **02/01/1977** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-1713370** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

9. Name and Address of Current Registered Agent
**GERSCOVICH, EUGENIO A.
106 BOSTON AVENUE
ALTAMONTE SPRGS FL 32701**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERSCOVICH, E.A.	
STREET ADDRESS	106 BOSTON AVE.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ULCH, GEORGE A.	
STREET ADDRESS	106 BOSTON AVE.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	YURSO, J. MICHAEL	
STREET ADDRESS	106 BOSTON AVE.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRAUNSTEIN, ANDREW	
STREET ADDRESS	106 BOSTON AVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CRYAR, JEFFREY	
STREET ADDRESS	106 BOSTON AVENUE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicates on this annual report or statement of incorporation 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer or director of the corporation or a person authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: **E.A. GERSCOVICH, MD** 4 April 96 407834696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)