

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

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**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 523899 (3)**  
1. Corporation Name  
**FLORIDA SURGICAL GROUP, P.A.**



Principal Place of Business: **106 BOSTON AVENUE  
ALTAMONTE SPRGS FL 32701**  
Mailing Address: **106 BOSTON AVENUE  
ALTAMONTE SPRGS FL 32701-4731**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1977</b>	3a. Date of Last Report <b>04/09/1996</b>
21. Subj. Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FET Number <b>59-1713370</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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	
TITLE	PD GERSCOVICH, E.A. 106 BOSTON AVE. ALTAMONTE SPRINGS FL SD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULCH, GEORGE A. 106 BOSTON AVE. ALTAMONTE SPRINGS FL VPD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	YURSO, J. MICHAEL 106 BOSTON AVE. ALTAMONTE SPRINGS FL VPD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	BRAUNSTEIN, ANDREW 106 BOSTON AVE ALTAMONTE SPRINGS FL VPD	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CRYAR, JEFFREY 106 BOSTON AVENUE ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mandated 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 this 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, unchanged, or on an attachment with an address.

**SIGNATURE:** **E.A. GERSCOVICH** 15 March 97 4078346965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)