

FILED
Mar 25, 1996 08:00 AM
FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
Secretary of State
ANNUAL REPORT
1996



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

DOCUMENT # 545969 (8)

1. Corporation Name
INVERNESS SURGICAL ASSOCIATES, P.A.

Principal Place of Business
403 W. HIGHLAND BLVD.
INVERNESS FL 34452
US

Mailing Address
403 W. HIGHLAND BLVD.
INVERNESS FL 34452
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 10/01/1977
3a. Date of Last Report 04/18/1995
4. FEI Number 59-1766178
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

9. Name and Address of Current Registered Agent
ROGERS, RALPH W. I
403 WEST HIGHLAND BLVD.
INVERNESS FL 34452

10. Name and Address of New Registered Agent
81 Name DIXON, WILLIAM L.
82 Street Address (P.O. Box Number is Not Acceptable) 403 West Highland Boulevard
83
84 City Inverness FL 85 Zip Code 34452

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 X William J Dixon CEO

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ROGERS, RALPH W III	
STREET ADDRESS	403 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	V	DELETE
NAME	BESCHER, R. A	
STREET ADDRESS	403 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	TS	DELETE
NAME	HENDRICK, THOMAS E	
STREET ADDRESS	403 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	V	DELETE
NAME	BESCHER, R. ANTHONY	
STREET ADDRESS	403 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	Change	Addition
2.2 NAME	CARMICHAEL, D.C.		
2.3 STREET ADDRESS	403 W. HIGHLAND BLVD.		
2.4 CITY-ST-ZIP	INVERNESS, FL 34452		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: X William J Dixon MD 3/14/96 904 226 3646

CR2E034 (12/95)