FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 600448 (5)

1. Corporation Name
HAGEN, BACON AND SWEENEY SURGICAL GROUP, P.A.

Principal Place of Business
~~% J. STEWART HAGEN III~~
3596 BROADWAY
FORT MYERS FL 33901

Mailing Address
~~% J. STEWART HAGEN III~~
3596 BROADWAY
FORT MYERS FL 33901

3. Date Incorporated or Qualified: 09/13/1968
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business
21 c/o Bruce C. Bacon
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 c/o Bruce C. Bacon
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1218806 ☐ 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

9. Name and Address of Current Registered Agent
HAGEN, J STEWART III
3596 BROADWAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name: BRUCE C. BACON
82 Street Address (P.O. Box Number is Not Acceptable): 3596 BROADWAY
83
84 City: FORT Myers FL 85 Zip Code: 33901

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 [signature] DATE 3/21/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD BACON, BRUCE C. 3596 BROADWAY FT MYERS FL	☐	1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C/D	☒	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAGEN, WARREN E 3596 BROADWAY FT MYERS FL	☐	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D	☒	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGEN, J STEWART III 3596 BROADWAY FT MYERS FL	☒	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SWEENEY, MICHAEL J. 3596 BROADWAY FT MYERS FL	☐	4 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P/D/T	☒	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURTCH, GORDON 3596 BROADWAY FT MYERS FL	☐	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V/D	☒	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001759048 -03/27/96--01017--028 ***200.00	☐	☐

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: [signature] 2/1/96 941-936-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)