

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

FILED

Mar 11 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 # 600448 (5)  
1. Corporation Name:  
SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA, P.A.



Principal Place of Business Mailing Address  
C/O BRUCE C. BACON C/O BRUCE C. BACON  
3596 BROADWAY 3596 BROADWAY  
FORT MYERS FL 33901 FORT MYERS FL 33901-8019

3. Date Incorporated or Qualified 09/13/1968 3a. Date of Last Report 03/26/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1218806 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BACON, BRUCE C  
3596 BROADWAY  
FT MYERS FL 33901

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C/O	DELETE		1.1 TITLE	C	Change	Addition
NAME	BACON, BRUCE C.			1.2 NAME			
STREET ADDRESS	3596 BROADWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	S/D	DELETE		2.1 TITLE	D	Change	Addition
NAME	HAGEN, WARREN E			2.2 NAME			
STREET ADDRESS	3596 BROADWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	V/D	DELETE		3.1 TITLE	V/S	Change	Addition
NAME	BURTCH, GORDON			3.2 NAME			
STREET ADDRESS	3596 BROADWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	P/D	DELETE		4.1 TITLE	P/M/T	Change	Addition
NAME	SWEENEY, MICHAEL J.			4.2 NAME			
STREET ADDRESS	3596 BROADWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bruce C. Bacon, M.D. Date 941-936-8555

CR2E034 (9/96)