

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90015 035 ***550.00

DOCUMENT # 600448

1. Corporation Name

SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA, P.A.

Principal Place of Business

C/O BRUCE C. BACON
3596 BROADWAY
FORT MYERS FL 33901

Mailing Address

C/O BRUCE C. BACON
3596 BROADWAY
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1968

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BACON, BRUCE C
3596 BROADWAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1. OFFICERS AND DIRECTORS

1E C ☐ DELETE
ME BACON, BRUCE C.
REET ADDRESS 3596 BROADWAY
Y-ST-ZIP FT MYERS FL 33901

1E D ☒ DELETE
ME HAGEN, WARREN E
REET ADDRESS 3596 BROADWAY
Y-ST-ZIP FT MYERS FL 33901

1E VS ☐ DELETE
ME BURCH, GORDON
REET ADDRESS 3596 BROADWAY
Y-ST-ZIP FT MYERS FL 33901

1E PMT ☐ DELETE
ME SWEENEY, MICHAEL J.
REET ADDRESS 3596 BROADWAY
Y-ST-ZIP FT MYERS FL 33901

1E ☐ DELETE
ME *Hoffmann, Brian*
REET ADDRESS *3596 Broadway*
Y-ST-ZIP *FT. Myers, FL 33901*

1E ☐ DELETE
ME
REET ADDRESS
Y-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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 *Hoffmann, Brian*
5.3 STREET ADDRESS *3596 Broadway*
5.4 CITY-ST-ZIP *FT. Myers, FL 33901*

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/04/99

Date

941-936-8555

Daytime Phone #

CR2E034 (5/99)

0096147