FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:10

DOCUMENT # **600733** **(0)**

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

Principal Place of Business	Mailing Address
501 SECOND ST. W. P.O. BOX 111 BRADENTON FL 34206	501 SECOND ST. W. P.O. BOX 111 BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1968
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 5601 D 21 Av W	Suite, Apt. #, etc. 27 5601 D 21 Av W
City & State 23 Bradenton, FL	City & State 28 Bradenton, FL
Zip 24 34209 Country 25 USA	Zip 29 34209 Country 30 USA

4. FEI Number: 59-1229346 ☐ 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	10. Name and Address of New Registered Agent
MCSWAIN, GEORGE R. 501 2ND STREET BRADENTON FL 34205	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5601 D 21 Av W 83 84 City Bradenton FL 85 Zip Code 34209

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: George R McSwain 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☒ Change ☐ Addition
NAME	MCSWAIN, GEORGE R.	1.2 NAME		
STREET ADDRESS	501 2ND STREET WEST	1.3 STREET ADDRESS	5601D 21 Av W	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	DT	2.1 TITLE		☒ Change ☐ Addition
NAME	PRILLAMAN, PAUL E.	2.2 NAME		
STREET ADDRESS	501 2ND STREET WEST	2.3 STREET ADDRESS	(delete)	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	GANEY JAMES N	3.2 NAME		
STREET ADDRESS	501 2ND STREET WEST	3.3 STREET ADDRESS	5601 D 21 Av W	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	DVP	4.1 TITLE		☒ Change ☐ Addition
NAME	PECORARO, JOSEPH P	4.2 NAME		
STREET ADDRESS	501 2ND STREET WEST	4.3 STREET ADDRESS	5601 D 21 Av W	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished and 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: George R McSwain 3/6/95 813-761-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0454102 FP