

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB 22 AM 10:21

DOCUMENT # 600844 (5)

1. Corporation Name

FLORIDA SURGICAL ASSOCIATES, P.A.

Principal Place of Business

1305 A SOUTH FT HARRISON
CLEARWATER FL 34616

Mailing Address

1305 A SOUTH FT HARRISON
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1969

3a. Date of Last Report

02/18/1994

4. FEI Number

59-1233561

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAISTRELLIS, WM. S.
1305 A S FT HARRISON
CLEARWATER FL 34616-0378

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

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 PD
NAME MAISTRELLIS, WM S
STREET ADDRESS 1305 A SOUTH FT HARRISON
CITY- ST- ZIP CLEARWATER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME MAY, F.R.
STREET ADDRESS 1305 A SOUTH FT HARRISON
CITY- ST- ZIP CLEARWATER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE TD
NAME BLUMENCRAZ, PETER W.
STREET ADDRESS 1305 A SOUTH FT HARRISON
CITY- ST- ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VP
NAME HAYDON, ALLAN
STREET ADDRESS 1305 A SOUTH FT HARRISON
CITY- ST- ZIP CLEARWATER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

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 110.07(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 AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

WILLIAM J. MAISTRELLIS, M.D.

Date

Signature (Print Name)