

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 027 ***150.00

DOCUMENT # 600929

Corporation Name
A SURGICAL ASSOCIATES, P.A.

Place of Business
3TH ST SUITE 1C
BOCA RATON FL 33486-9388

Mailing Address
951 NW 13TH ST SUITE 1C
BOCA RATON FL 33486-9388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1969

4. FEI Number

59-1279764

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 Tax. ☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Apt. #, etc.

Suite, Apt. #, etc.

27

State

City & State

28

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBLER, FREDERICK B.
951 N.W. 13TH STREET
SUITE #1-C
BOCA RATON FL 33486-9388

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being a resident qualified person in the State of Florida, 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 stated 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, with all other like empowered.

JRE

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

(NOTE: Registered Agent's signature required when reinstating)

3/12/99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13.
<input type="checkbox"/> DELETE PD LIEBLER, FREDERICK 951 NW 13TH ST 1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE VD ROBINSON, GERALD R. 951 NW 13TH ST 1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE TD BIEHL, ALBERT G. 951 NW 13TH ST 1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE SD PORTERFIELD, LEE A. 951 NW 13TH ST 1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE D WULKAN, DAVID L. 951 NW 13TH ST #1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE J SARRON, JAMES R. 951 NW 13TH ST., #1-C BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/93)

600929
604351-0206-31
2/12

SURGICAL ASSOCIATES OF PALM BEACH COUNTY
Diplomates of The American Board of Surgery

FREDERICK B. LIEBLER, M.D.
Thoracic, Vascular & Thoracoscopic Surgery

GERALD N. ROBINSON, M.D.
General & Vascular Surgery

ALBERT G. BIEHL, M.D.
Colon, Rectal & General Surgery

LEE A. PORTERFIELD, M.D.
Surgical Oncology & General Surgery

DAVID L. WULKAN, M.D.
General & Vascular Surgery

JAMES R. BARRON, M.D.
Colon, Rectal & General Surgery

600929
614578

August 6, 1999

RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Filings --
PO Box 1500
Tallahassee, FL 32302-1500

Sirs:

It has come to my attention that the check which was issued to you on 3/12/99 for Boca Surgical Associates PA in the amount of \$150.00 (Check No. 13800) has not cleared our bank. I therefore assume that this check was lost in the mail.

I have enclosed a copy of our original check stub showing a check drawn in the amount of \$150.00 on 3/12/99 payable to Department of State. In addition, I am enclosing a new check payable to Department of State in the amount of \$150.00 dated 8/6/99.

If you need further information or clarification, please contact me.

Sincerely yours,



Margaret Ceravolo
Business Manager

MC/dg
Enclosures