

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **602347** (7)
1. Corporation Name
CITRUS SURGICAL GROUP, P.A.



Principal Place of Business 650 WYMORE RD. SUITE 103 WINTER PARK FL 32789	Mailing Address 650 WYMORE RD. SUITE 103 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1970		3a. Date of Last Report 02/19/1996	
4. FEI Number 59-1299743		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

2. Principal Place of Business 21 661 E. Altamonte Drive Suite, Apt. #, etc. 22 Suite 331 City & State 23 Altamonte Springs FL Zip 24 32701 Country 25 USA	2a. Mailing Address 26 661 E. Altamonte Drive Suite, Apt. #, etc. 27 Suite 331 City & State 28 Altamonte Springs FL Zip 29 32701 Country 30 USA
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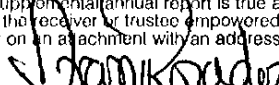
9. Name and Address of Current Registered Agent MASSARO, ANGELO 650 WYMORE ROAD #103 WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name Ivan R. Rosado MD 82 Street Address (P.O. Box Number is Not Acceptable) 661 E. Altamonte Drive 83 Suite 331 84 City Altamonte Springs FL 85 Zip Code 32701	
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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  DATE **7/15/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSARO, ANGELO 650 WYMORE RD. #103 WINTER PARK FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Ivan R. Rosado 661 E. Altamonte Drive Suite 331 Altamonte Springs FL 32701 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSADO, IVAN 661 E. ALTAMONTE DR. ALTAMONTE SPRGS FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	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 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  DATE **7/15/97** (407) **830-8089**

CR2E034 (4/97)