

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
3900 Bay Street, Suite 400
Tallahassee, Florida 32309

DOCUMENT # 604059 (6)

SURGICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

APPROVED
FILED

95 MAY -1 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 1181 ORANGE AVENUE WINTER PARK, 32789		2a. Mailing Address 1181 ORANGE AVENUE WINTER PARK, 32789	
2. Principal Place of Business 21 State Apt # 101 22 City & State 23 City 24 Zip		2a. Mailing Address 26 State Apt # 101 27 City & State 28 City 29 Zip	
3. Date incorporated or qualified 01/02/1973		3a. Date of Last Report 02/24/1994	
4. FET Number 59-1447035		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 MILLER, GENE C M.D. 1181 ORANGE AVENUE WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office of principal 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			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SD MILLER, GENE C 1181 ORANGE AVENUE WINTER PARK, FL 00000	1. NAME	☐ Change ☐ Addition
NAME	TD MILLER, GENE C 1181 ORANGE AVENUE WINTER PARK, FL 00000	2. NAME	☐ Change ☐ Addition
NAME	D PORTOGHESE, JOSEPH D M.D. 1181 ORANGE AVE. WINTER PARK FL 32789	3. NAME	☐ Change ☐ Addition
NAME	D THIELER, WILLIAM R 1181 ORANGE AVE WINTER PARK, FL 00000	4. NAME	☐ Change ☐ Addition
NAME	D BARR, LOUIS H. 1181 ORANGE AVE. WINTER PARK FL	5. NAME	☐ Change ☐ Addition
NAME	D ROSADA, ROBERTO G 1181 ORANGE AVE. WINTER PARK FL	6. NAME	☐ Change ☐ Addition
14. I, the undersigned, certify that the information required on this filing is accurate, complete and clear, and qualify for the exemption stated in law for the corporation. I further certify that the information indicated on this filing report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That the corporation is a corporation of the State of Florida and that the report is required by Chapter 247, Florida Statutes, and that my name appears in black ink on the report or supplemental annual report with an address.			
SIGNATURE: GENE C MILLER, M.D.		4-87-53 407-647-1331	