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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000000946 (0)

1. Corporation Name

SURGERY CENTER OF SARASOTA GP, INC.

Principal Place of Business

Mailing Address

WALAN TREIMAN  
1921 WALDMERE ST #310  
SARASOTA FL 34239

WALAN TREIMAN  
1921 WALDMERE ST #310  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

65-0727864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1435 South Tamiami Trail  
Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34239

Country

25 USA

2a. Mailing Address

26 1435 South Tamiami Trail  
Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34239

Country

30 USA

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

Mary F. Rogers, Administrator

82 Street Address

1435 South Tamiami Trail

83

84 City

Sarasota

FL

85 Zip Code  
34239

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 X Mary F. Rogers, Administrator

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

(NOTE: Registered Agent signature required when reinstating)

X 2/3/98

12. OFFICERS AND DIRECTORS

TITLE DCPS  
NAME MOORE, RONALD E  
STREET ADDRESS 2711 PARK HILL DR  
CITY-ST-ZIP FT WORTH TX 76109

TITLE T  
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STREET ADDRESS 2711 PARK HILL DR  
CITY-ST-ZIP FT WORTH TX 76109

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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 X [Signature]

X 2/3/98

X (910) 933-1064

CR2E034 (10/97)