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Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90029 050 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002685

1. Corporation Name

NATIONAL AMBULATORY HERNIA INSTITUTE, A MEDICAL
CORPORATION

Principal Place of Business

1835 SUNNY CREST DRIVE
FULLERTON CA 92835

Mailing Address

1835 SUNNY CREST DRIVE
FULLERTON CA 92835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

33-0363504

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CAMPBELL, PAMELA A ESQ.

535 CENTRAL AVENUE, SUITE 403
ST. PETERSBURG FL 33701

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

TITLE PC
NAME MORAN, ROBERT M MD
STREET ADDRESS 1835 SUNNY CREST DRIVE
CITY-ST-ZIP FULLERTON CA 92835 ☐ DELETE

TITLE VVC
NAME NOVAK, BERNARD P MD
STREET ADDRESS 1835 SUNNY CREST DRIVE
CITY-ST-ZIP FULLERTON CA 92835 ☐ DELETE

TITLE SD
NAME BRAUNS, JACK MD
STREET ADDRESS 1835 SUNNY CREST DRIVE
CITY-ST-ZIP FULLERTON CA 92835 ☐ DELETE

TITLE TD
NAME PETRIE, CLARENCE R MD
STREET ADDRESS 1835 SUNNY CREST DRIVE
CITY-ST-ZIP FULLERTON CA 92835 ☐ DELETE

TITLE DV
NAME JOHNSRUD, JEFFREY M
STREET ADDRESS 1835 SUNNY CREST DRIVE
CITY-ST-ZIP FULLERTON CA 92835 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT M. MORAN MD

Date

Daytime Phone #

1/12/99 714-446-667