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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:05

DOCUMENT # **G70262** **(2)**

1. Corporation Name
ASSOCIATED SURGEONS OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
~~W RICHARD W. SCAWSON~~ 835 OSCEOLA ST.,STE.A STUART FL 34994-3587	~~W RICHARD W. SCAWSON~~ 835 OSCEOLA ST.,STE.A STUART FL 34994-3587

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1983	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2334465	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WAXLER, CAROL S.
73 SW FLAGLER AVE
STUART FL 34994

10. Name and Address of New Registered Agent

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) (DATE) (Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	11 TITLE	☒ Change ☐ Addition
NAME	WENGLER, W EDWARD	12 NAME	
STREET ADDRESS	~~3703 STARBOARD LANE~~	13 STREET ADDRESS	5 KINGSTON CIR
CITY ST ZIP	STUART FL	14 CITY ST ZIP	STUART FL 34996
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	LOYOLA, RENE MARIO	22 NAME	
STREET ADDRESS	~~1017 SW WOOD CREEK~~	23 STREET ADDRESS	1218 NE SAGO DR
CITY ST ZIP	~~PALM CITY FL~~	24 CITY ST ZIP	JENSEN BEACH FL 34957
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~VOPAL, JAMES J.~~	32 NAME	LEFT THE PRACTICE 6/1/94
STREET ADDRESS	~~1015 RIVERSIDE DR.~~	33 STREET ADDRESS	
CITY ST ZIP	~~STUART FL~~	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	RITTERSBACH, GEORGE	42 NAME	
STREET ADDRESS	1450 SW FORK ROAD	43 STREET ADDRESS	
CITY ST ZIP	STUART FL	44 CITY ST ZIP	34996
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Title) (Telephone Number)

0380374 CF