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FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H06505 (2)

1. Corporation Name

SOUTHWEST FLORIDA INSTITUTE OF  
AMBULATORY SURGERY, INC.

Principal Place of Business

3700 Central Ave., Suite 2  
Fort Myers, FL 33901

Mailing Address

3700 Central Ave., Suite 2  
Fort Myers, FL 33901

3. Date Incorporated or Qualified

06/01/84

3a. Date of Last Report

05/01/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2430569

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

10. Name and Address of New Registered Agent

Hines, James P.  
315 South Hyde Park Avenue  
Tampa, FL 33606

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

Sign, print, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME Hugill, John V., M.D.  
STREET ADDRESS 3700 Central Ave.  
CITY-ST-ZIP Ft. Myers, FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME Brueck, Robert J., M.D.  
STREET ADDRESS 3700 Central Ave.  
CITY-ST-ZIP Ft. Myers, FL

21 TITLE DP ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME Price, Michael N., D.P.M.  
STREET ADDRESS 3700 Central Ave.  
CITY-ST-ZIP Ft. Myers, FL

31 TITLE DST ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

Daytime Phone #

941-275-0665

CR2E034 (9/96)