

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H92458

(9)

1. Corporation Name

**SURGEON DRIVE MEDICAL COMPLEX ASSOCIATION OF TAL
LAHASSEE, INC.**

Principal Place of Business

Mailing Address

**% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301-1805**

**% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301-1805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1986

3a. Date of Last Report

06/24/1994

4. FEI Number

50-2638851

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD**
NAME **BELLAMY, RAYMOND E. M.D.**
STREET ADDRESS **1511 SURGEONS DR STE C**
CITY - ST - ZIP **TALLAHASSEE FL**

1.1 TITLE

☐ Change ☐ Addition

TITLE **VD**
NAME **HEMPER, KARL F. M.D.**
STREET ADDRESS **1511 SURGEONS DR STE A**
CITY - ST - ZIP **TALLAHASSEE FL**

1.2 NAME

☐ Change ☐ Addition

TITLE **SD**
NAME **SNYDER, ROBERT D. M.D.**
STREET ADDRESS **1511 SURGEONS DR STE B**
CITY - ST - ZIP **TALLAHASSEE FL**

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE **PD**
NAME **WINCHESTER, GARY E.**
STREET ADDRESS **1511 SURGEONS DR. STE A**
CITY - ST - ZIP **TALLAHASSEE FL**

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

☐ Change ☐ Addition

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 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)(k), 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

Date

Signature Printed &

4-10-95
904 818 6134

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