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FILED
Mar 19 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 # H92458 (9)

1. Corporation Name

SURGEON DRIVE MEDICAL COMPLEX ASSOCIATION OF TAL
LAHASSEE, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

01/02/1986

3a. Date of Last Report

02/15/1996

4. FET Number

59-2638951

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL

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 if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELLAMY, RAYMOND E. M.D.	
STREET ADDRESS	1511 SURGEONS DR STE C	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEMPEL, KARL F. M.D.	
STREET ADDRESS	1511 SURGEONS DR STE A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERT D. M.D.	
STREET ADDRESS	1511 SURGEONS DR STE B	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINCHESTER, GARY E.	
STREET ADDRESS	1511 SURGEONS DR. STE A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

3/14/97

904 899-51 83

CR2E034 (9/96)