

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **J49280** (7)

95 MAY -1 PM 2:58

1. Corporation Name

SEMINOLE SURGICAL SPECIALISTS, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% ROY DEMENT
515 W. STATE ROAD 434, SUITE #307
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/01/1988** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2744859** 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

DEMENT, ROY
515 W. STATE ROAD 434, SUITE #307
LONGWOOD FL 32750

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 of or printed name of registered agent and fee applicable)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DEMENT, ROY M.**
STREET ADDRESS **515 WEST SR 434 #307**
CITY ST ZIP **LONGWOOD FL**

TITLE **STD**
NAME **WIESE, JON D.**
STREET ADDRESS **515 W.STATE RD.434, #307**
CITY ST ZIP **LONGWOOD FL**

TITLE
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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

21 TITLE Change Addition
22 NAME **DELETE**
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

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

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 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 is voluntarily furnished and does not qualify for the exemption stated in Section 1 (b) (7)(3)(g), 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 the 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: **Roy Dement / ROY DEMENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

407-260-7077