FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K00311** **(6)**

1. Corporation Name

NEW PORT RICHEY SURGI-CENTER, INC.

Principal Place of Business
515 CLIFF DR.
TEMPLE TERRACE FL 33617

Mailing Address
515 CLIFF DR.
TEMPLE TERRACE FL 33617

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/02/1987**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **65-0011705** 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**

GIL, DENNIS
515 CLIFF DR.
TEMPLE, TERRACE, FL. 33617

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 607.0505, 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 New Registered Agent or Signature of Current Registered Agent Authorizing Change — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	ROWAN, PATRICK J., M.D.	
STREET ADDRESS	1923 SOUTH BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DVP	☐ DELETE
NAME	CYMENT, LAWRENCE S.	
STREET ADDRESS	~~1923 SOUTH BLVD~~	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DST	☐ DELETE
NAME	GIL, DENNIS. CPA	
STREET ADDRESS	~~1923 SOUTH BLVD~~	
CITY-ST-ZIP	~~NEW PORT RICHEY~~ FL	
TITLE	DVP	☐ DELETE
NAME	HANFF, HENRY W., M.D.	
STREET ADDRESS	2000 LAFAYETTE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Y/N 12)

11 TITLE	D	☒ Change ☐ Addition
12 NAME	FAIT HAUBER	
13 STREET ADDRESS	~~1923 SOUTH BLVD~~ 5415 Gulf Drive	
14 CITY-ST-ZIP	New Port Richey, FL 34652	
21 TITLE	DVP	☒ Change ☐ Addition
22 NAME	Cyment, Lawrence S.	
23 STREET ADDRESS	5415 Gulf Drive	
24 CITY-ST-ZIP	New Port Richey, FL 34652	
31 TITLE	DST	☒ Change ☐ Addition
32 NAME	~~D~~ Gil, Dennis CPA	
33 STREET ADDRESS	515 Cliff Dr.	
34 CITY-ST-ZIP	Temple Terrace, FL 33617	
41 TITLE	DVP	☒ Change ☐ Addition
42 NAME	Hanff, Henry W	
43 STREET ADDRESS	5415 Gulf Drive	
44 CITY-ST-ZIP	New Port Richey, FL 34652	
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 on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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 is entered in Block 13 if an officer is being added.

SIGNATURE: Dennis Gil — Director — 1-16-96 — 813-989-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dennis Gil

CR2E034 (12/95)