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

CORPORATION ANNUAL REPORT



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

1996 K41151 DOCUMENT # 1. Corporation Name

(7)

SURGICARE CENTER, INC.

Principal Place of Business Mailing Address C/O DAVID C. BROWN C/O DAVID C. B			 DWN			61 1783 87817 87817 6 7817 817	THE MINES AINS (MA)	
4101 EVANS AVENUE FT. MYERS FL 33901		4101 EVANS AVENUE FT. MYERS FL 33901	4101 EVANS AVENUE					
THE WILLIAM P. SOSOI		FI. MIENS FE 33301	The mileto TE 00007		3. Date incorporated or Qualified 10/26/1988	3s. Date of Last 04/25/1	Report 995	
2. Principal Place of Business		2a. Mailing Address 26	₁		4, FEI Number 65-0078711	4. FEI Number		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7	\$8.75 Additional Fee Required	
City & State		City & State	-ŋ '		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for		s 199.032,	
24	25 29 29 9, Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g, reality blick stations of the	arterit riogistered rigerit	8	Name	10. Italio alla Pianio di Itali	Trogratura Agent		
	DAVID C. ANS AVE.		8:	Street A	Address (P.O. Box Number is Not Accept	ıble)		
ft. Myei	RS FL 33907		8	3				
			84	City		EI 85	Zip Code	
11. Pursuant to	o the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the above	.l -named co	prporation submits this statement for the p	urpose of changing it	s registered office	
or registere familiar with	ed agent, or both, in the State o h, and accept the obligations of	f Florida. Such change was authori , Section 607.0505, Florida Statute	ized by the cor es.	poration's l	board of directors. I hereby accept the ap	pointment as register	ed agent. I am	
SIGNATURE			المراسد المعاج المورا					
12.	Signature, typed or printed name of registere OFFICER	nd agent aird to leith amplicable (N IS AND DIRECTORS	IOTE: Registered Ag ■ 13.	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	TORS IN 12	
TITLE	PD	DELETE	1. 1 TITLE	1	7,001110110101111101011010	Chang		
NAME	BROWN, DAVID C.		1.2 NAME					
STREET ADDRESS	4101 EVANS AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY -	ST-ZIP				
TITLE	☐ DELETE		2 1 7111.8			Chang	e 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	T ADDRESS				
CITY-ST-ZIP		Fibriti	2 4 CITY			F∃ Chane	a FT Addition	
TITLE		☐ DELETE	3. 1 TiTLE			Chang	e 🗌 Addition	
NAME CIOCCI ADODECC			3.2 NAME	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			3.4 C-TY					
TITLE		☐ DELETE	4 1 1111			Chang	e Addition	
NAME			4.2 NAM	:			_	
STREET ADDRESS			4 3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5 1 TITLI	:		Chang	e 🔲 Addilion	
NAME			5.2 NAME					
STREET ADDRESS			53 STRE	ET ADDRESS	·			
CITY-SI-ZIP		☐ DELETE	5.4 CilY-			☐ Chang	ge [7] Addition	
TITLE		[] טנננונ	6 1 THTLE				,e Addition	
NAME CYDEST ADDRESS			6.2 NAMI	ET ADORESS				
STREET ADDRESS			6.4 CITY]	
14. I do hereby	y certify that the information sup	plied with this filing is voluntarily fur	mished and do	es not qua	L alfy for the exemption stated in Section 11	9.07(3)(k), Florida Sta	itutes. I further	
certify that oath; that f appears in	the information indicated on this am an officer or director of the Block 12 or Block 13 if change	s annual report or supplemental an corporation or the receiver or tr <u>ust</u>	nnual report is tec empowerd hiress.	rue and ac to execut	courate and that my signature shall have the this report as required by Chapter 607,	e same legal effect a Florida Statutes; and	s if made under that my name	
SIGNAT	URE: SIGNATURE AND TY	PED OR PHINTED NAME OF SIGNING OFFI	CER OR DIRECTO	eu	y 101L	Daytime Pho	one #	