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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Corporation     AMBUL  Principal Place	ATORY SURGICAL CENT	<b>\</b> /	INC.			
903 £ DIXIE AVE 803 £ DIXIE AVE LEESBURG FL 34738 LEESBURG FL 347						
03		00		Date Incorporated or Qualified     11/01/1988	3a. Date of Last 04/19/19	•
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	1	Applied For
1]		26		59-2917028	60.7	Not Applicable
Suite, Ant. # 2	#, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	1 (	<b>5</b> Additional Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Count y	8. This corporation has liability for a	ntangible tax under	
4	25	29	30	Florida Statutes 🙀 Yes		
	9. Name and Address of Curr	ent Registered Agent	641 81	10. Name and Address of New R	egistered Agent	
			81 Name			
HUX, ROBERT H MD 803 E DIXIE AVE LEESBURG FL 34748		•	82 Street Addr	iress (P.O. Box Number is Not Acceptable)		
			83			
FEESDO	NO FL 04/40					
			84 Orty		FL  85	Zip Code
familiar wit	th, and accept the obligations of, Se	ction 607.0505, Florida Statutes	, "	rid of directors. Thereby accept the appo		·
famillar wit SIGNATURE	Signature, typed or printed haline of rejectored as	ection 607.0505, Florida Statutes	E Expirate and A <sub>1</sub> and signature, require		DATE	
familar wit	Signature, typed or printed haline of rejectored as	estion 607.0505, Florida Statutes	E. Registered Apart september require	e kwimi recotategi	DATE	ORS IN 12
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-дельных горил от варьно-польшенных такий в тое ини восстате в то тка тлу signature shall have the same legal effect as it made unde «comporation online regelver or trustee empowere i to execute this report as required by Chapter 607, Florida Stalutes, and that my name ed, or so, an abjectminat with an address oath; that I am an officer or director of the corp appears in Block 12 or Block 13 if charged, or

SIGNATURE: