

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # K46339 (3)

95 JUN 16 11:10:44

1. Corporation Name  
**ATLANTIC SURGICAL MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**1 WEST SAMPLE ROAD SUITE 102 POMPANO BCH. FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1988** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0081787** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor  **\$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 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**KRAMER, ROBERT M.  
200 S. PARK RD.  
SUITE 460  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title of application) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ROSEN, HAROLD H.</b>
STREET ADDRESS	<b>1 WEST SAMPLE RD.</b>
CITY ST ZIP	<b>POMPANO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: Harold Rosen 6/2/95 1305 782-2442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 4 digits)

CRSE034 (3/95)