

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K56381 (2)

1. Corporation Name

KISSIMMEE SURGERY CENTER, INC.



Principal Place of Business

SAPP, D. JEFFREY
88 W KALEY ST
ORLANDO FL 32806-2931
US

Mailing Address

SAPP, D. JEFFREY
88 W KALEY ST
ORLANDO FL 32806-2931
US

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
01/27/1995

4. FEI Number

59-2930845

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

2. Principal Place of Business

21 2275 N. CENTRAL AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 KISSIMMEE, FL

24 Zip

34741

Country

25 US

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SAPP, D. JEFFREY
88 W KALEY ST
ORLANDO FL 32806-2931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2275 N. CENTRAL AVE

83

84 City

KISSIMMEE

FL

85 Zip Code

34741

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 typed or printed name of registered agent and state (last name, first name, middle initial)

(Date) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
FOREMAN, STEPHEN F.
305 N. DOUGLAS AVENUE
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

D
HOLLOWAY, RUFUS M. MD
79 WEST COLUMBIA STREET
ORLANDO FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 870-0573

Signature Plate #

CR2E034 (12/95)