

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90098 047 ***150.00

DOCUMENT # K56381

1. Corporation Name
KISSIMMEE SURGERY CENTER, INC.

Principal Place of Business

2275 N CENTRAL AVE
88 W KALEY ST
KISSIMMEE FL 34741
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1988

2. Principal Place of Business

21 303 East Par Street

Suite, Apt. #, etc.

22. City & State

23 Orlando, FL

24. Zip

32804

Country

25 USA

2a. Mailing Address

26 303 East Par Street

Suite, Apt. #, etc.

27. City & State

28 Orlando, FL

29. Zip

32804

Country

30 USA

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 owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SAPP, D. JEFFREY
2275 N CENTRAL AVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81. Name

Jeffrey D. Sapp

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

303 East Par Street

83. City

Orlando

84. State

FL

85. Zip Code

32804

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FOREMAN, STEPHEN F.
STREET ADDRESS 305 N. DOUGLAS AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE

NAME HOLLOWAY, RUFUS M. MD
STREET ADDRESS 79 WEST COLUMBIA STREET
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

407-628-7000

Date

Daytime Phone #

CR2E034 (11/98)

0095189