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

* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L55252

SURGICAL CENTER OF FLORIDA, INC.

• • • • • • • • • • • • • • • • • • • •	E CENTER OF TESTION										
Principal Place	of Business	Mailing Add	dress								
1717 WOOLBRIGHT RD 1717 WOOLB			OLBRIGHT RD								
BOYNTON BEACH FL 33426		BOYNTON E	BOYNTON BEACH FL 33426			DO NOT WRITE IN THIS SPACE					
						3 Date Incorpo	rated or Qualifed	12 114 11110			
							03/02/199]
		A Marilina	Addross				4. FEI Number			Apr	olied For
2. 1 morphi 1 ideo o 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			. Mailing Address				65-01937	88			Applicable
1			Suite, Apt. #, etc.							\$8.75 A	dditional
Suite, Apt. #, etc.		├ ── ` ` `	-				5. Certifcate of	Status Desired		Fee Re	quired
City & State			City & State				6 Election Car	npaign Financing		\$5.00	May Be
City & State	•	28					Trust Fund (□ .	Added to	o Fees
23	Country	Zip		Cou	intry		8 This corpora	tion owes the cur	rent year Int	angible .	
Zip ─_	· ·	29		30	•		Personal Pr			☐ Yes	□No
24	9. Name and Address of Curre		gent	100			10. Name and	Address of New	Registered	Agent	
	9. Name and Address of Cont.	one regions			81	Name					* * 1
CHU	a, Jonathan					044 4-4	dress (P.O. Box Num	her is Not Accent	able)	 	
	WOOLBRIGHT RD	•			82	Street Au			india) Tara (XIII 8 1. 3	en kirk tigas kir	. t . 10 . 17 ts
	NTON BEACH FL 33426				83		319 3			18	
								3 x 3 r 2 3 18 3 19 4 3	- 51 \$1 A - 5	85 Zip (Code
					84	City			FL	_ B3 Zip \	,
	to the provisions of Sections 607.05						ation's board of direct	ors. I hereby acce	pt the appoi	intment as re	gistered
	egistered agent, or both, in the State m familiar with, and accept the obli	gations of, Section	607.0505, Flo	orida Sta	tutes.		uired when reinstating)	ж	DATE		
office or r agent. I a SIGNATURE	egistered agent, or both, in the Star m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section	607.0505, Flo	orida Sta	tutes. d Agent		uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	DRS IN 12
office or r agent. I a	egistered agent, or both, in the Star m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section	607.0505, Flo	erida Stat	tutes. d Agent		uired when reinstating)	CHANGES TO O	DATE		
office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section	607.0505, Flo	E: Registere 13.	tutes. d Agent		uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the star m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN	gations of, Section	607.0505, Flo	Registere 13. 1.1 T	d Agent		uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the star m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD	gations of, Section	607.0505, Flo	E: Registere 13. 1.1 T 1.2 N	d Agent	t signature requ	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the star m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN	gations of, Section	607.0505, Flo	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent TITLE VAME	t signature requ	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the star m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD	gations of, Section	607.0505, Fic.	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 (2.1 T	d Agent TITLE VAME STREET	t signature requ	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, of both, in the dain m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fic.	E: Registere 13. 1.1T 1.2N 1.3S 1.4C 2.11	d Agent TITLE VAME STREET CITY-ST TITLE VAME	t signature requ	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, of both, in the dain m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fic.	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S	d Agent TITLE VAME STREET CITY-ST TITLE VAME	ADDRESS - ADDRESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change	DRS IN 12 ☐ Addition ☐ Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, of both, in the dain m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fic.	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4	d Agent TITLE VAME STREET CITY-ST TITLE NAME STREET	ADDRESS - ADDRESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO	ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, of both, in the dain m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fice (NOTE) DELETE	### 13	d Agent TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST	ADDRESS - ADDRESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change	DRS IN 12 ☐ Addition ☐ Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fice (NOTE) DELETE	211 22 N 23 3 2 4 3 3 2 9	d Agent . ITTLE VAME STREET CITY-ST FITLE NAME STREET CITY-ST TITLE NAME	ADDRESS - ADDRESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change	DRS IN 12 ☐ Addition ☐ Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fice (NOTE) DELETE	2: Registere 13. 1.1T 1.2N 1.3S 1.40 2.11 2.21 2.3S 2.4 3.13 3.21 3.33	d Agent . ITTLE VAME STREET CITY-ST FITLE NAME STREET CITY-ST TITLE NAME	ADDRESS F-ZIP FADORESS T-ZIP FADORESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	607.0505, Fice (NOTE) DELETE	2: Registere 13. 1.1T 1.2N 1.3S 1.4 (ITTLE VAME	ADDRESS F-ZIP FADORESS T-ZIP FADORESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change Change	PRS IN 12 ☐ Addition ☐ Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 (2.11 2.21 2.3S 2.4 3.13 3.21 3.33 3.4. 4.1	ILLES. IN AGENTAL AND AGENTAL	ADDRESS F-ZIP FADORESS T-ZIP FADORESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the dam familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 (2.1T 2.21 2.3S 2.4 3.13 3.4 4.1 4.2	d Agent TITLE VAME STREET TITLE VAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME	ADDRESS F-ZIP FADORESS T-ZIP FADORESS	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the dam familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 (2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.1 4.2 4.3	d Agent TITLE VAME STREET TITLE VAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME	ADDRESS 1-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the dam familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 C 2.1T 2.21 2.3S 2.4 3.1.3 3.4. 4.1 4.2 4.3	d Agent TITLE VAME STREET TITLE VAME STREET STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CATY-S TITLE NAME STREET STREET STREET STREET STREET STREET STREET	ADDRESS 1-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO Change Change	Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the dam familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 C 2.1T 2.21 2.3S 2.4 3.1.3 3.4. 4.1 4.2 4.3 4.4 5.1	d Agent TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-S' TITLE NAME STREET CITY-S' CIT	ADDRESS 1-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3 5 1.4 0 2.11 2.21 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	d Agent TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS 1-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP 1 ADDRESS 11-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.11 2.21 2.33 2.4 3.1. 3.21 3.34 4.1 4.2 4.3 4.4 5.1 5.2 5.3	d Agent TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS 1-ZIP 1 ADDRESS 11-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 (2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	d Agent TITLE VAME STREET TITLE VAME STREET TITLE VAME STREET TITLE VAME STREET CITY-S' TITLE VAME VAM	ADDRESS T-ZIP T ADDRESS T-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 (C 2.1T 2.2N 2.3S 2.4 4.1T 4.2 4.3S 4.4T 5.1 5.2 5.3 5.4 6.1	d Agent TITLE VAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET CITY-S	ADDRESS T-ZIP T ADDRESS T-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the dail m familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS / D CHUA, JONATHAN 1717 WOOLBRIGHT RD BOYNTON BEACH FL	gations of, Section	DELETE DELETE DELETE	2: Registere 13. 1.1T 1.2N 1.3S 1.4C 2.11 2.21 2.3S 2.4 3.11 3.2! 3.3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	d Agent TITLE VAME STREET STREET STREET STREET STREET STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP T ADDRESS T-ZIP	uired when reinstating)	CHANGES TO O	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition

SIGNATURE:

14. I hereby certify that the information supplied with this filling does not qualifyindicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address, wit.

IRED

6.4 CITY-ST-ZIP

other like empowered.

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90027 050 ***150.00