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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation I	MENT # L610 A AMBULATORY SURGER	` '				
7 421 7 41						
Principal Place of	of Business	Mailing Address			MINER LEAN RIDER ANDER ANDIR	818th 81811 81811 1981
2160 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308		2160 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308				
				3. Date incorporated or Qualified 03/29/1990	3a. Date of Last 04/27	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-3067433		Applied For Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
22		27				Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	LJ Add	00 May Be led to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s □No	s 199.032,
24	25 Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New		
	J. ((2)		81 Name			
	/LES, HAROLD M.		82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)	
528 E. PARK AVENUE TALLAHASSEE FL 32301			83			
IALLA	INASSEE FE 32301		84 City		85	Zip Code
			(Or Only		FL °°	p
or registers	ed agent, or both, in the State of Flo.	rida. Such change was authori	ized by the comoration's b	poration submits this statement for the poorard of directors. I hereby accept the ap-	urnose of changing it	s registered office ed agent. I am
or registere familiar with SIGNATURE	o the provisions of Sections 607.050 ed agent, or both, in the State of Floth, and accept the obligations of, Section 1.05	rida. Such change was authori ction 607.0505, Florida Statute	ized by the comoration's b	loard of directors. I hereby accept the ap	urnose of changing it	s registered office ed agent. I am
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certify that the information indicated on this annual report of 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 of 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 orderiged, or of in attachment with an address.

SIGNATURE:

I Saac Moore, M.D. 4/17/96 (904) 385-0033

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR