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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L65722

(5)

ORANGE PARK SURGERY CENTER, INC.

Principal Place of Business Mailing Address 2050 PROFESSIONAL CENTER DRIVE 2050 PROFESSIONAL CENTER DR ORANGE PARK FL 32073 ORANGE PARK FL 32073						TER DRIVE				DO NOT	NOT WRITE IN THIS SPACE					
									3.	Date Incorporated or Qui	alified					
2. Principal Place of Business 2a. Mailing Address									4.	04/16/1990 FEI Number				TADI	olied For	
21	21			26					59-3035500				-	Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5.	Certificate of Status Desir	red		,	75 A	dditional quired	
	City & State			City & State					6.	Election Campaign Finan	cina		\$5.	.00	Vlay Be	
23	<u></u>			28						Trust Fund Contribution					Fees	
	Zip	c	ountry	Zip	_	Country	1		8.	This corporation owes or	has pa					
24				0			<u> </u>	Personal Property Tax du			Yes		No			
Name and Address of Current Registered Agent									10.	Name and Address of N	lew Re	gistered #	Agent			
JACOBSON, CHARLES J.							Na	ame								
PALM HARBOR FL 34683						82	Str	eet Address (P.O. Box Number is Not Acceptable)								
							ļ									
						83										
						84	Ci	ty		<u> </u>			85	Zip C	ode	
L.										···-··································		FL				
11	office or rea	istered agent, o	Sections 607.0502 both, in the State of accept the obligat	of Florida, Suci	h chanoe was au	thorized b	v the	med corpo corporation	oratio on's b	n submits this statement fo coard of directors. I hereby	or the p y accer	urpose of of the appo	changi ointmer	ng its it as r	registered egistered	
SIG	GNATURE	nat an a mad a maint		and the develop	ANOTE: (Danielo d da	1	netwo ra-dia	2	- selection-2		DATE				
Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.						13.	eur eiß.	Halling reduits		ADDITIONS/CHANGES TO	OFFIC		DIREC	TORS	N 12	
TITL		P	O. TOCHO PHILE	2112070110	DELETE	1.1 TITLE		1	 :	1001110110101011111000		2110 1110	☐ Cha		Addition	
NAN	ME	KAEUN, JAMI	ES			1.2 NAME										
STREET ADDRESS 1715 VILLAGE WAY				1.			1.3 STREET ADDRESS									
CIT	Y-ST-ZIP	OBANGE DADIE EL GARAGE			1.4 CITY-ST-ZIP											
TIT	LE					21 TITLE			Chal			nge	Addition			
NAN	WE	A CONTRACTOR OF				22 NAME	IE									
STR	EET ADORESS	1895 KINGSL				23 STREET	ADDR	ESS				÷.				
CIT	Y-ST-ZIP	ORANGE PAR				2. 4 CITY-	ST-ZIP	,				ń				
TITL	LĒ	T			DELETE	3.1 TITLE	E						☐ Chai	nge	☐ Addition	

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.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.1 TITLE
4. 2 NAME
4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE:

NAME

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WILCOX, JOHN

ORANGE PARK FL

2023 PROFESSIONAL CENTER DR

John Wilson

JOHN WILCO

2-16-98 904-272-2020

FILED

Feb 23 1998 8:00am

Secretary of State

I MACCALL AND ACCAL COME CHANG COME COME COME STOLE DESCRIPTION AND COMES ASSESSMENT

3R2E034 (10/97)

Addition

Addition

Addition

Change

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