


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0107171

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L84057		
1. Corporation Name SURGICORP, INC..		

FILED
CLERK OF STATE
DIV. OF CORPORATIONS
99 AUG 23 AM 9:31



Principal Place of Business 715 WESLEY AVE TARPON SPRINGS FL 34689-6711 US	Mailing Address 715 WESLEY AVE TARPON SPRINGS FL 34689-6711 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40347 U.S. HWY 19 N Suite, Apt. #, etc. 22 STE 222 City & State 23 TARPON SPRINGS, FL Zip 24 34689-4850		2a. Mailing Address 26 40347 U.S. HWY 19 N Suite, Apt. #, etc. 27 STE 222 City & State 28 TARPON SPRINGS, FL Zip 29 34689-4850 Country 30 USA		3. Date Incorporated or Qualified 06/28/1990	
				4. FEI Number 59-3024599 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCRETON, MICHAEL J. 715 WESLEY AVE TARPON SPRINGS FL 34689				10. Name and Address of New Registered Agent 81 Name SCRETON, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 40347 U.S. HWY 19 N 83 STE 222 84 City TARPON SPRINGS FL 85 Zip Code 34689-4850	

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.

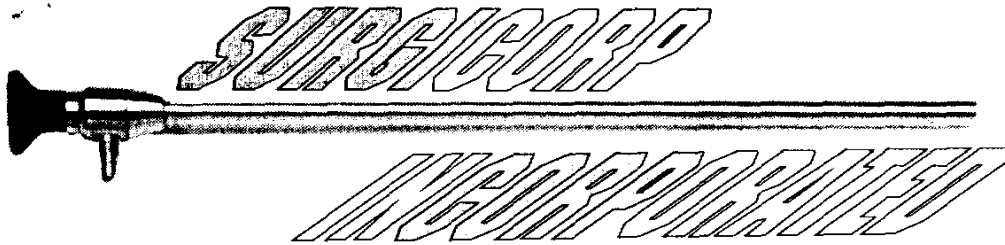
SIGNATURE *Michael J. Screton* **MICHAEL J. SCRETON, PRESIDENT** 8/18/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRETON, MICHAEL J.	1.2 NAME	800002968998-13
STREET ADDRESS	3818 NICHOLAS CT	1.3 STREET ADDRESS	-08/24/99-01082-007
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	SDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRETON, HELEN	2.2 NAME	
STREET ADDRESS	3818 NICHOLAS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Screton* **MICHAEL J. SCRETON** 8/18/99 (727) 934-5000

CR2E034 (5/99)



August 18, 1999

DIVISION OF CORPORATIONS
ATTN: Mr. Toner
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

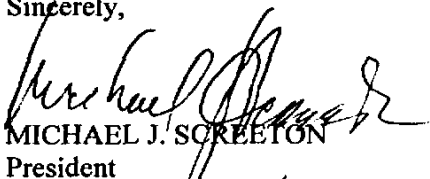
Enclosed is a check in the amount of \$150.00 for our 1999 Profit Corporation Annual Report. We just received this notice which stated it was a 2nd Notice requesting the annual fees. Unfortunately, we never did receive the first notice, since we had moved to another office building several months ago. Our old address was Surgicorp, Inc., 715 Wesley Ave., Tarpon Springs, FL 34689. Our new address is Surgicorp, Inc., 40347 U. S. Hwy. 19 N, Ste 222, Tarpon Springs, FL 34689-4850.

Perhaps the first notice was mailed by your State Department to our old address, which we never did receive (it was not forwarded). I contacted an employee today at the Division of Corporations (Letheria), and she mentioned that I should send the check to you, along with my letter of explanation. We have always paid our fees on time in the past, and this was unfortunate that we just received this 2nd Notice for \$550.00.

We hope this is not a problem, and will be more aware in the future to keep on top of these reports.

Thank you for your understanding and attention to this matter.

Sincerely,


MICHAEL J. SCREETON
President


HELEN M. SCREETON
SDC