

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:39

DOCUMENT # M81242 (3)

1. Corporation Name

SURGERY CENTER CONSULTANTS, INC.

Principal Place of Business

% JOHN A. SANDERS
88 W. KALEY ST.
ORLANDO FL 32806-2931

Mailing Address

% JOHN A. SANDERS
88 W. KALEY ST.
ORLANDO FL 32806-2931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1988

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2890384

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

FOREMAN, STEPHEN F.
88 WEST KALEY STREET
ORLANDO FL 32806 - 2931

81 Name

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

83

84 City

FL

85 Zip Code

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

Stephen F. Foreman

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOREMAN, STEPHEN F.
88 WEST KALEY STREET
ORLANDO FL 32806-2931

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
32806-2931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLOWAY, RUFUS M. JR.
88 WEST KALEY STREET
ORLANDO FL 32806-2931

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
32806-2931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAPP, D. JEFFERY
88 WEST KALEY STREET
ORLANDO FL 32806-2931

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition
32806-2931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

Stephen F. Foreman
SIGNATURE AND TITLE OF PRESIDENT, VICE PRESIDENT, OR OTHER OFFICER OR DIRECTOR

PRESIDENT

1-23-95

407.423-0573

Vice Pres

1-28-95