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
95 JAN 27 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81279** **(5)**

1. Corporation Name
ALTAMONTE SPRINGS SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
180 BOSTON AVE ALTAMONTE SPRINGS FL	180 BOSTON AVE ALTAMONTE SPRINGS FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1988**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1791175** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPP, D. ~~JEFFERY~~ Jeffrey ~~88 WEST FALEY STREET~~ 88 West Kaley Street ORLANDO 32806	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 _____ 1-20-95
Signature, typing or printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FONCZA, LIONEL 661 E ALTAMONTE DR ALTAMONTE SPRINGS FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	XX Change ☐ Addition Foncea, Lionel 661 E. Altamonte Drive, #220 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MIKELL, REID 610 JASMINE RD. ALTAMONTE SPRINGS FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	XX Change ☐ Addition 220 N. Westmont Drive, Suite D 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARD, DENNIS 201 MAITLAND AVENUE ALTAMONTE SPRINGS FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	XX Change ☐ Addition 201 Maitland Avenue, Suite D 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHUB, HARVEY 308 GROVELAND ORLANDO FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	XX Change ☐ Addition 32804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SAPP, JEFFERY 88 W KALEY ORLANDO FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	XX Change ☐ Addition Sapp, Jeffrey 88 West Kaley Street 32806
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)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: _____ Assistant Secretary 1-23-95 407-423-0573
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone

0038841 CP