

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M81279** (5)

1. Corporation Name

ALTAMONTE SPRINGS SURGERY CENTER, INC.



Principal Place of Business

**180 BOSTON AVE
ALTAMONTE SPRINGS FL**

Mailing Address

**180 BOSTON AVE
ALTAMONTE SPRINGS FL**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SAPP, D J
88 WEST KALEY STREET
ORLANDO 32806**

3. Date Incorporated or Qualified

05/13/1988

3a. Date of Last Report

01/27/1995

4. FEI Number

58 58-1791175

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FONCEA, LIONEL
661 E ALTAMONTE DRIVE, #220
ALTAMONTE SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MIKELL, REID
220 N. WESTMONTE DRIVE, SUITE D
ALTAMONTE SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WARD, DENNIS
201 MAITLAND AVENUE, SUITE D
ALTAMONTE SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHUB, HARVEY
308 GROVELAND
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SAPP, JEFFERY
88 WEST KALEY STREET
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Reid, Mikell

☒

Change

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Addition

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Change

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Addition

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Change

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Addition

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Change

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Addition

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Change

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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 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.

SIGNATURE: **D. JEFFERY SAPP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

4076491778

CR2E034 (12/95)