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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

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 32701-4706



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPP, D J
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

Signature: Typed or printed 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 SD
NAME FONCEA, LIONEL
STREET ADDRESS 681 E ALTAMONTE DRIVE, #220
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☒ DELETE

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

☒ DELETE

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

☒ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE Secretary, Director
1.2 NAME J.L. Borrero
1.3 STREET ADDRESS 610 Jasmine St.
1.4 CITY-ST-ZIP Altamonte Springs FL 32701

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE Treasurer, Director
3.2 NAME Eugene Pascarella
3.3 STREET ADDRESS 661 E Altamonte Drive #210
3.4 CITY-ST-ZIP Altamonte Springs FL 32701

☐ Change ☒ Addition

4.1 TITLE President, Director
4.2 NAME Shub, Harvey
4.3 STREET ADDRESS 308 Groveland
4.4 CITY-ST-ZIP Orlando FL 32804

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 407-830-0573
Date Daytime Phone #

CR2E034 (9/96)