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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

M84997

(9)

BRANDON PHYSICIANS' SURGICAL CENTER, INC. Principal Place of Business Mailing Address								
,								
C/O DENNIS GIL 515 CLIFF DR TEMPLE TERR FL 33617		C/O DENNIS GIL 515 CLIFF DR						
		TEMPLE TERR FL 33	617	3. Date Incorporated or Qualified	3a. Date	of Last Report		
					06/10/1988		/31/1995	
2. Principal Pta	ice of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2896422		Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
22		27					Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
[23]	Country	28 Zip	Cour	otry	This corporation has liability for	r intangible ta		
Ζιρ 24	25	29	30	,	Florida Statutes	s 🔲 No		
	g. Name and Address of Curr				10. Name and Address of New	Registered	Agent	
				81 Name T	ENWIS GIL			
AYLWAR	d, robert e.		ŀ	82 Street Addr	ess (P.O. Box Number is Not Accepta	ıble)		
	SHLEY DRIVE							
SUITE 1190				83 (5	115 CLiff DRIVE	2		
TAMPA F	L 33602			84 City	7		85 Zip Code	
					npre l'enrace,	FL.	33617	
11. Pursuant t	to the provisions of Sections 607.05 red agent, or both, in the State of FI	502 and 607.1508, Florida Sta Iorida, Such change was autho	itutes, the abo orized by the c	ve-named corpor corporation's boat	ration submits this statement for the p rd of directors. I hereby accept the ap	pointment as	registered agent. I am	
familiar wit	th, and accept the obligations of S	oction 607.0505, Florida Statu	ites 🕜	. 5		1/10-10	T/o	
SIGNATURE S	The contract of	DEW DEW		Agent signature require	IRECTOR	1 10 L	10	
ļ	Signature, typical or printed callue of registered at OFFICERS.	gent and title if applicative: AND DIRECTORS	13.	Agent signalise require	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS IN 12	
12.	DST	DELETE	111	TLF			Change Addition	
NAME	GIL, DENNIS		1.2 N/	AME				
STREET ADDRESS	515 CLIFF DR.		1.3 \$1	REET ADDRESS				
City-\$1-ZiP	TEMPLE TERRACE FL 3361	17	1.4 C	TY-ST-ZIP				
100	D	DELETE	2 1 7	ITLE		{	Change Addition	
NAME	EATROFF, RICHARD		2 2 N	AME				
STREET ADDRESS	P O BOX 291354 NA		235	REET ADDRESS				
CHY-SI-ZIP	TAMPA FL.		24 C	ITY-ST-ZIP				
TITLE	D	DELFTE	3 1 T	ITLE			Change Addition	
■ NAME	NICHOLS, SCOTT		3 2 N	AME				
STREET ADDRESS	P O BOX 291354 NA		33 5	TREET ADDRESS				
CITY-ST-ZIP	TAMPA FL			ITY - ST - ZIP			☐ Change ☐ Addition	
TITLE	D	□ DEFELE	4.11	-			Change Addition	
NAM:	SCHIENBAUM, MARVIN		4.2 N	AME G	reg Hendenband			
STREET ADDRESS	1 * * *				2.0, Box 291354			
CI'Y-S'-7P	TAMPA FL	ED ACCTIC			AMPA, FL 33687		Change Addition	
i), re	D	□Notreie	5 1				City Street, City	
NAME	WORTHINGTON, DAVID			AME				
STREET ADDRESS				TREET ADDRESS				
chiy-st-zie	TAMPA FL	DELETE		HTY-\$1- <i>2</i> (P Title			Change Addition	
11°LF	D	DECER		IAME				
NAME	JONES, LEE			STREET ADDRESS				
STREET ADDRESS			1					
CHY-ST-ZIE	TAMPA FL		540	CITY - ST- ZIP				

14. Ido 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 certify 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:

DINECTION

813-989-0060