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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth ~~AP~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84997 (9)

1. Corporation Name
BRANDON PHYSICIANS' SURGICAL CENTER, INC.

Principal Place of Business
C/O DENNIS GIL
515 CLIFF DR
TEMPLE TERR FL 33617

Mailing Address
C/O DENNIS GIL
515 CLIFF DR
TEMPLE TERR FL 33617-3807



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
06/10/1988

3a. Date of Last Report
01/23/1996

4. FEI Number
59-2806422

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

GILL, DENNIS
515 CLIFF DRIVE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
GIL, DENNIS
515 CLIFF DR.
TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EATROFF, RICHARD
P O BOX 291354 NA
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NICHOLS, SCOTT
P O BOX 291354 NA
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HENDERSON, GREG
P.O. BOX 291354
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
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 REQUIRED *[Signature]* Sec/Treas 1/10/97 813-989-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)