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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M84997 (9)
1. Corporation Name
BRANDON PHYSICIANS' SURGICAL CENTER, INC.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
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			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	
NAME	GIL, DENNIS	1.2 NAME	
STREET ADDRESS	515 CLIFF DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	EATROFF, RICHARD	2.2 NAME	
STREET ADDRESS	P O BOX 291354 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	33687
TITLE	D	3.1 TITLE	
NAME	NICHOLS, SCOTT	3.2 NAME	
STREET ADDRESS	P O BOX 291354 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33687
TITLE	D	4.1 TITLE	
NAME	HENDERSON, GREG	4.2 NAME	
STREET ADDRESS	403 VONDENBURG DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	33511
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ DATE 1/6/98 913-999-0060
DENNIS GIL

CR2E034 (10/97)