FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90029 029 ***150.00

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Mailing Address

C/O DENNIS GIL

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M84997

Principal Place of Business

C/O DENNIS GIL

BRANDON PHYSICIANS' SURGICAL CENTER, INC.

515 CLIFF DR TEMPLE TERR FL 33617		515 CLIFF DR TEMPLE TERR FL 33617			DO NOT WRITE IN THIS SPACE		
TEMPLE TEHR F	L 33017	TEMPLE TERR PL 33017			3. Date Incorporated or Qualifed		
					06/10/1988		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number A	pplied For	
24		26	26		59-2896422 N	ot Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			I m O	Additional	
22		27			Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing S.00 May Be		
23		28	Country		Troot and Commission	to Fees	
Zip					8. This corporation owes the current year Intangible	□No	
24	25	29 3	10		Personal Property Tax. 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Maine and Address of New Registered Age.		
CILL	DENINIC	•	[01]				
GILL, DENNIS 515 CUFF DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
	PLE TERRACE FL 33617		83			13 13 13 13 1	
IEMP	LE TENNACE LE 20011		63				
			84	City	FI 85 Zip	Code	
<u> </u>		The state of the s	the about	named sor	reporting submits this statement for the number of changing it	s registered	
	sistered agant or both in the State	of Florida, Silch chande was auf	nonzea av	me corporar	tion's board of directors. I hereby accept the appointment as r	egistered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes				
SIGNATURE		(NOTE: D	Paristored Agen	st eignature reguli	ired when reinstating) OATE		
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	n signaturo roqui	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change		
3	GIL, DENNIS		1.2 NAME				
NAME STREET ADDRESS	515 CLIFF DR.			TADDRESS			
-	TEMPLE TERRACE FL 33617		1.4 CITY-S				
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	, -:	Change	Addition	
NAME	EATROFF, RICHARD		2.2 NAME				
STREET ADDRESS	LAMOIT, MONAND		2.3 STREE	TADDRESS			
	TAMPA FL 33687		2. 4 CITY-S	ST-ZIP			
CITY-ST-ZIP TITLE	D.	TOUR FILE COOCI			☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS	P.O BOX 291354 NA	,	3.3 STREE	T ADDRESS		4-	
CITY-ST-ZIP	TAMPA FL 33687		3.4. CITY-S			<u> </u>	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	HENDERSON, GREG		4. 2 NAME				
STREET ADDRESS	403 VONDENBUNG DR.		4.3 STREE	TADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		4.4 CITY-S	IT-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	7,89		5.4 CITY-S	T-ZIP			
TITLE	National Control	☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME	5. Ot. 3		6.2 NAME				
STREET ADDRESS	The state of the s		6.3 STREE	TADDRESS	•		
CITY OF TIE	- 		6.4 CITY-S	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, with all other like empowered.