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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90029 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1988

4. FEI Number

59-2896422

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

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

TITLE DST ☐ DELETE

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

TITLE D ☐ DELETE

NAME EATROFF, RICHARD
STREET ADDRESS P O BOX 291354 NA
CITY-ST-ZIP TAMPA FL 33687

TITLE D ☐ DELETE

NAME NICHOLS, SCOTT
STREET ADDRESS P O BOX 291354 NA
CITY-ST-ZIP TAMPA FL 33687

TITLE D ☐ DELETE

NAME HENDERSON, GREG
STREET ADDRESS 403 VONDEBUNG DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)