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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:59

DOCUMENT # **N01743** **(6)**

1. Corporation Name
JACKSON SURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O UNIVERSITY OF MIAMI, DEPT. OF SURGERY PO BOX 016310 MIAMI FL 33101	C/O UNIVERSITY OF MIAMI, DEPT. OF SURGERY PO BOX 016310 MIAMI FL 33101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2403605 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUTSON, DUANE G. M.D.
1600 N.W. 10TH AVENUE
DEPT OF SURGERY HOUSE (R-3100 STAFF OFC
MIAMI FL 33101

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	PD	1.1 TITLE	D ☒ Change ☐ Addition
NAME	HUTSON, DUANE, M.D.	1.2 NAME	Hutson, Duane, M.D.
STREET ADDRESS	1315 COUNTRY CLUB PRADO	1.3 STREET ADDRESS	1315 Country Club Prado
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL
TITLE	VD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MOEBUS, ROGER L., M.D.	2.2 NAME	Massaro, Angelo
STREET ADDRESS	4685 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	650 Wymore Road Suite 103
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	STD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GOLDSTEIN, HAROLD, M.D.	3.2 NAME	Goldstein, Harold
STREET ADDRESS	6280 SUNSET DRIVE	3.3 STREET ADDRESS	6280 Sunset Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/6/95 305-585-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940799