

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

03/02/1984

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE

NAME **HUTSON, DUANE, M.D.**
STREET ADDRESS **1315 COUNTRY CLUB PRADO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ DELETE

NAME **MASSARO, ANGELO**
STREET ADDRESS **650 WYMORE ROAD, SUITE 103**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE

NAME **GOLDSTEIN, HAROLD**
STREET ADDRESS **6280 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

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

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:

DUANE G. HUTSON M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 (305) 585-1280
Date Daytime Phone #

CR2E037 (12/95)