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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01743 (6)

1. Corporation Name
JACKSON SURGICAL SOCIETY, INC.



Principal Place of Business: DUANE HUTSON, M.D.
UNIVERSITY OF MIAMI, DEPT. OF SURGERY
PO BOX 016310
MIAMI FL 33101

Mailing Address: DUANE HUTSON, M.D.
C/O UNIVERSITY OF MIAMI, DEPT. OF SURGERY
PO BOX 016310
MIAMI FL 33101-6310

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 04/15/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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	<input type="checkbox"/> DELETE
NAME	HUTSON, DUANE, M.D.	
STREET ADDRESS	1815 COUNTRY CLUB PRADO ADDRESS CHANGED.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOTTEBERG, LAWRENCE M	
STREET ADDRESS	3501 JOHNSON ST TRAUMA SERVICES	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, HAROLD	
STREET ADDRESS	6280 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUTSON, DUANE, M.D.	
1.3 STREET ADDRESS	1801 S.W. 192 AVE.	
1.4 CITY-ST-ZIP	SUNSHINE HILLS BENBOKE PINES, FL 33027	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E037 (9/96)