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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N42054 (9)

1. Corporation Name
FLORIDA SURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 536544 ORLANDO FL 32853-6544	P. O. BOX 536544 ORLANDO FL 32853-6544

3. Date Incorporated or Qualified: 02/08/1991

4. FEI Number: 59-3046386 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

WARD, CRAIG B.
105 E. ROBINSON ST.
SUITE 501
ORLANDO FL 32801

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 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 _____ 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	ED	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKES, SHELBURN		1.2 NAME		
STREET ADDRESS	1811 WYCLIFF DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, ARTHUR I.		2.2 NAME		
STREET ADDRESS	6280 SUNSET DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	3.1 TITLE	D	☐ Change XX Addition
NAME	ROSEMURGY, ALEXANDER		3.2 NAME	Tershakovec, George	
STREET ADDRESS	4 COLUMBIA DR.		3.3 STREET ADDRESS	7000 S.W. 62nd AVenue	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Miami, FL 33143-4719	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LERNER, ELI		4.2 NAME		
STREET ADDRESS	4020 STATE RD. 674		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PYLE, R. BRADFORD		5.2 NAME		
STREET ADDRESS	4531 N. DAVID HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	ARMSTRONG, RAYMOND A.		6.2 NAME	Wier, Daryl	
STREET ADDRESS	1331 S. VALENTINE ST.		6.3 STREET ADDRESS	1181 Orange Avenue	
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	Winter Park, FL 32789	

CR2E037 (10/97)

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

SIGNATURE: [illegible] 2/18/98 407-898-1695