

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 10:50

DOCUMENT # N49961 (8)

1. Corporation Name

LEESBURG REGIONAL AMBULATORY SURGERY CENTER, INC

Principal Place of Business

**600 E DIXIE AVENUE
LEESBURG FL 34748**

Mailing Address

**600 E DIXIE AVENUE
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

03/28/1994

4. FBI Number

59-2568357

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**ROBUCK, JR. E J.
610 E. MAIN STREET
LEESBURG FL 34748**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
TURNER, ROBERT J
600 EAST DIXIE AVENUE
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
ENTORF, RICHARD C
1648 LOVES POINT DRIVE
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DST
MCCONNELL, R. PATTON
600 E DIXIE AVE
LEESBURG FL 34748**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**PD
Giffin, James R.
600 E. Dixie Avenue
Leesburg, FL 34748**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**CD
Williams, James A.
501 W. Meadows Street
Leesburg, FL 34748**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 through, or on or after January 1 with an address.

SIGNATURE:

R. Patton McConnell

R. Patton McConnell

3/24/95

904-323-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer