

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-6-96 B

3043

NC

DOCUMENT # N93000005005 (4)

1. Corporation Name

TAMPA BAY SURGICAL SOCIETY, INC.



Principal Place of Business

% LARRY C. CAREY M.D.  
4 COLUMBIA DR., SUITE 430  
TAMPA FL 33606

Mailing Address

% LARRY C. CAREY M.D.  
4 COLUMBIA DR., SUITE 430  
TAMPA FL 33606

3. Date Incorporated or Qualified  
11/05/1993

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3208887

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAREY, LARRY C  
4 COLUMBIA DR.  
SUITE 430  
TAMPA FL 33606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CARRY, LARRY (M.D.)  
STREET ADDRESS 4 COLUMBIA DRIVE, SUITE 430  
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME CLARKE, JOHN (M.D.)  
STREET ADDRESS 5633 FIRST AVENUE, SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME MISTRELLIS, WILLIAM S.  
STREET ADDRESS 1305-A S. FT. HARRISON AVE.  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME DIACO, JOSEPH (M.D.)  
STREET ADDRESS 4700 N. HABANA AVENUE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME WILLIAMS, LARRY (M.D.)  
STREET ADDRESS 725 12TH STREET, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME SHAPIRO, DAVID MD  
STREET ADDRESS 1260 S. GREENWOOD AVE, STE E  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 each address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)