FILE NOW: FILING FEE IS $61.25

04-29-1999 90159 049 ***61.25
N93000005005
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 15 AM 9:00

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

REINSTATEMENT 98-99

DOCUMENT # N93000005005 (4)

1. Corporation Name
TAMPA BAY SURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
% LARRY C. CAREY M.D. 4 COLUMBIA DR., SUITE 430 TAMPA FL 33606	% LARRY C. CAREY M.D 4 COLUMBIA DR., SUITE 430 TAMPA FL 33606

3. Date Incorporated or Qualified: 11/05/1993

4. FEI Number: 59-3206887 ☐ Applied For ☐ Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

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

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: Larry Carey 10/12/99
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARRY, LARRY (M.D.)		1.2 NAME	
STREET ADDRESS	4 COLUMBIA DRIVE, SUITE 430		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, JOHN (M.D.)		2.2 NAME	
STREET ADDRESS	5633 FIRST AVENUE, SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MISTRELLIS, WILLIAM S.		3.2 NAME	
STREET ADDRESS	1305-A S. FT. HARRISON AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIACO, JOSEPH (M.D.)		4.2 NAME	
STREET ADDRESS	4700 N. HABANA AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LARRY (M.D.)		5.2 NAME	
STREET ADDRESS	725 12TH STREET, NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, DAVID MD		6.2 NAME	
STREET ADDRESS	1260 S. GREENWOOD AVE, STE E		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	

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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: SIGNATURE REQUIRED 4/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone # 0088319

Larry Carey 9/24/99 (813)259-0935
Larry Carey, M.D., Executive Director — date — Phone #