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Aug 06 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 # N94000002632 (7)

1. Corporation Name

FLORIDA INSTITUTE OF SURGICAL SPECIALTIES, INC.

Principal Place of Business

4175 EAST FOWLER AVENUE
TAMPA FL 33617

Mailing Address

4175 EAST FOWLER AVENUE
TAMPA FL 33617-2011



3. Date Incorporated or Qualified
05/17/1994

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3213779

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

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

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

ANDERSON, JOYCE B
4175 EAST FLOWLER AVENUE
TAMPA FL 33617

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

TITLE D
NAME GUSTKE, KENNETH A
STREET ADDRESS 4175 E FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617 ☐ DELETE

TITLE D
NAME SANDERS, ROY W
STREET ADDRESS 4175 E FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617 ☒ DELETE

TITLE D
NAME BERNASEK, THOMAS L
STREET ADDRESS 4175 E FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617 ☐ DELETE

TITLE D
NAME RECHTINE, GLENN R II
STREET ADDRESS 4175 E FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME John McClure, MD
1.3 STREET ADDRESS 1528 Lakeview Rd
1.4 CITY-ST-ZIP Clearwater FL 34616 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Brett Bolhofner, MD
2.3 STREET ADDRESS 4600 6th Street N
2.4 CITY-ST-ZIP St. Petersburg, FL 33703 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Phillip Davidson, MD
3.3 STREET ADDRESS 4000 Park Street N
3.4 CITY-ST-ZIP St. Petersburg, FL 33709 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Jose Gomez, MD
4.3 STREET ADDRESS 5319 Grand Blvd
4.4 CITY-ST-ZIP New Port Richey, FL 34652 ☐ Change ☒ Addition

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

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 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 the 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)