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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90021 047 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002632**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/17/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3213779</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

**ANDERSON, JOYCE B  
4175 EAST FLOWLER AVENUE  
TAMPA FL 33617**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTKE, KENNETH A</b>	1.2 NAME	
STREET ADDRESS	<b>4175 E FOWLER AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLURE, JOHN M</b>	2.2 NAME	
STREET ADDRESS	<b>1528 LAKEVIEW RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNASEK, THOMAS L</b>	3.2 NAME	
STREET ADDRESS	<b>4175 E FOWLER AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECHTINE, GLENN R II</b>	4.2 NAME	
STREET ADDRESS	<b>4175 E FOWLER AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLHOFNER, BRETT M</b>	5.2 NAME	
STREET ADDRESS	<b>4600 6TH ST N</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDSON, PHILLIP M</b>	6.2 NAME	
STREET ADDRESS	<b>4000 PARK ST N</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	6.4 CITY-ST-ZIP	

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 to this address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)