W: FILING FEE AFTER MAY 1 IS \$550.00 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000013270 (3)

LEVIN SURGERY CENTER, INC.

DBA DOCTORS Surgery Center



97 MAR 20 AM 11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



T Chorpor Francis	C OI (Monitors	thirming t	Manify Macheso							
921 N MAIN ST KISSIMMEE FL			921 N MAIN ST Kissimmee fl 34744-45 87							
						3. Date incorporated or Qualified 12/21/1992	3a. Date	of Last 7/1996	Report	
2. Principal P	lace of Business	2a. Mailır	28. Mailing Address			4- FEI Number			Applied For	
21		26				59-3155447		P	Not Applicable	
Suite, Apt	#, etc	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City 8	State			6. Election Campaign Financing		\$5.0	May Be	
23		28				Trust Fund Contribution		Added	d to Fees	
Ζφ 24	Country 25	Zıp 29		Country 30	<i>(</i>	8. This corporation has liability for it Florida Statutes		ax under No	s 199.032,	
	9. Name and Address of Curre	nt Registered .	Agent			10. Name and Address of New Re	platered A	gent		
SWA	art, harry j			81	Name					
921 S-20	N MAIN ST 13		82 Street Add		dress (P.O. Box Number is Not Acceptable)					
KISS	SIMMEE FL 34744			83						
				84	City	AND THE STREET OF THE STREET O	FL	85 Zip	o Code	
office or r agent. La						rporation submits this statement for the pation's board of directors. I hereby accept		intment a	is registered	
12.	Signature Typed or printed name of registered a	gent and the it applicand to DIRECTORS		TE Registered Ag	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND I	NRECTO	SPS IN 12	
lifth	ADM	THE ENTERON CONTROL	DELETE	1.1 TITLE		7,001,000,000		Change		
NAME	LEVIN, HAL		•	1.2 NAME				•		
STREET ADURESS	921 N MAIN ST			1.3 STREE	T ADDRESS					
CHY-SI-ZIP	KISSIMMEE FL			1.4 C(TY-	ST-ZIP					
THE	MADICAL DIRECTOR	,	DELETE	21 TITLE			Ţ	Change	Addition	
NAME	LEVIN, DR MITCHE 921 NORTH MAIN	LL L.		2.2 NAME						
STREET ADDRESS.	921 NORTH MAIN	STREET		2.3 STREE	T ADDRESS					
CITY ST 7IP	KISSIMMUS PL	24744		2. 4 CITY-	ST-ZIP			-1-2		
THLE	ADMIN		DEFELE	3.1 THILE			L	Change	Addition	
NAM:	WILD , MARSHA MAIN	STEHES		3.2 NAME						
STREET ADDRESS	431 2021 2011	242///			T ADDRESS					
CITY+ST-ZP	Kissimmes PC	₹1/Y7	DELETE	3.4. CITY- 4.1 TITLE	21-71			Change	Addition	
NAME				4 2 NAME					vinding!	
STREET ADDRESS					T ADDRESS					
CITY - ST - 71/2				4 4 CiTY	·					
Tite			DELETE	5.1 TITLE]	Change	e Addition	
NAME				5.2 NAME		•				
STREET ADORESS				5.3 STREE	I ADDRESS	مدداه ۱۵۱				
CITY-ST-ZIF				5.4 CITY-	ST · ZIP					
TOTALE	7.77		DELETE	6.1 TIFLE				Change	Addition	
NAME				62 NAME	1	BU DEP\$ 16500				
STREET ADDRESS				6.3 STREE	T ADDRESS	au 0 all 11 500	_			
CITY - \$1 - ZIP				6.4 CITY-	ST-21P	141 DED 1 100 -	-			

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE: