

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047562 (2)

Corporation Name

SOUTH FLORIDA SURGICAL GROUP, P.A.

Principal Place of Business

**30 SOUTHWEST 87TH AVENUE
E. A-110
MIAMI FL 33173**

Mailing Address

**7800 SOUTHWEST 87TH AVENUE
STE. A-110
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/29/1993	3a. Date of Last Report 05/01/1994
4. FEI Number APPLIED FOR 65-0517891	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. 199.022, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIMMEL, ROBERT L
3191 CORAL WAY
PH-2
MIAMI FL 33145**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-electing)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHIMMEL, LAWRENCE, H	1.2 NAME	
STREET ADDRESS	7800 SW 87 AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33173	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JERROLD	2.2 NAME	
STREET ADDRESS	7800 SW 87 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33173	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	KANTER, STEVEN, R	3.2 NAME	
STREET ADDRESS	7800 SW 87 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33173	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	BRENER, GEORGE, A	4.2 NAME	
STREET ADDRESS	7800 SW 87 AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33173	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 this corporation or the recorder or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E. KANTER - TREAS

4/2/95

(DATE)

305-595-9490

(Telephone Number)