SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000047562 (2)**

1. Corporation Name

SOUTH FLORIDA SURGICAL GROUP, P.A.

Principal Place of Business	Mailing Address
7800 SOUTHWEST 87TH AVENUE STE. A-110 MIAMI FL 33173	7800 SOUTHWEST 87TH AVENUE STE. A-110 MIAMI FL 33173

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 8940 N. Kendall Drive	26 11440 N. Kendall Drive
Suite, Apt. #, etc. 22 Suite 601E	Suite, Apt. #, etc. 27 Suite 104
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33176 Country 25	Zip 29 33176 Country 30

4. FEI Number: 65-0577897 ☐ 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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 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, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required for agent change) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SCHIMMEL, LAWRENCE, H		1.2 NAME		
STREET ADDRESS	7800 SW 87 AVE		1.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	P	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	YOUNG, JERROLD		2.2 NAME		
STREET ADDRESS	7800 SW 87 AVE		2.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	T	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	KANTER, STEVEN, R		3.2 NAME		
STREET ADDRESS	7800 SW 87 AVE		3.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI FL 33173		3.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	VP	☑ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #