FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062758

1. Corporation Name

ORLANDO SURGERY CENTER, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/93
3a. Date of Last Report: 03/22/94

2. Principal Place of Business	2a. Mailing Address
21 1340 Palmetto Avenue	26 1340 Palmetto Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Park, Florida	28 City & State: Winter Park, Florida
24 Zip: 32789 25 Country: Orange	29 Zip: 32789 30 Country: Orange

4. FEI Number: 59-3199472 ☐ 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

Ted S. Finkel
610. N. Mills Avenue, #214
Orlando, FL 32804

10. Name and Address of New Registered Agent

81 Name: Ted S. Finkel
82 Street Address (P.O. Box Number is Not Acceptable): 1340 Palmetto Avenue
83
84 City: Winter Park FL 85 Zip Code: 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President/Director Jeffrey S. Mesquita 100 Galleria Parkway, #1055 Atlanta, GA 30339	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	President/Director Jeffrey S. Mesquita 200 Galleria Parkway, #140 Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer/Chairman/Director Ted S. Finkel 610 N. Mills Ave., #214 Orlando, FL 32804	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	Treasurer/Chairman/Director Ted S. Finkel 1340 Palmetto Avenue Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	Secretary/Director Sanford Kaplan 1340 Palmetto Ave. Winter Park, FL 32789	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	100001478991 -05/05/95--01027--008 ****200.00 ****200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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)(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 changed, added or deleted on an attachment with an address.

SIGNATURE: Jeffrey S. Mesquita, Pres. 4/27/95 407-644-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number