FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062758 (6)

ORLANDO SURGERY CENTER, INC.

FILED May 07 1998 8:00am Secretary of State

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Principal Place of Business				Mailing Address					-	ING NUMBO DING ODAN BOND	BOIN BONG II	IIE HEII IOD		
1340 PALMETTO AVE. WINTER PARK FL 32789				1340 PALMETTO AVE. WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE						
									3. Date Inco	rporated or Qualifie	d			
									09/02/1	1993				
2. Principal Place of Business				2a. Mailing Address					4. FEI Numb				App	lied For
21				26					59-31	99472			Not	Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					& Certificate	of Status Desired				dditional
22				27					-			Fe	e Req	uired
City & State				City & State						Campaign Financing				May Be
23			28						 	d Contribution			ded to	
Zip	Country			· · · · · · · · · · · · · · · · ·		Country			1	oration owes or has	,	urrent yea Yos	r Intar	
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	KEL, TED 8													
1340 PALMETTO AVE. WINTER PARK FL 32879					82			Street Addres	ss (P.O. Box N	umber is Not Accep	tabie)			
WWITER PARK PL 320/8							╁╴		 ·· · · · · · · · · · · · · · · · · ·					
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office or r	egistored ag im familiar wi	ions of Sections 607, jent, or both, in the Sith, and accept the objection of the police of the police.	tate of Floric aligations of	ta. Such change was , Section 607.0505, (s autho Florida	rized by Statutes	y th s.	ne corporatio	oration submits on's board of dis	this statement for the rectors. I hereby acc	e purpose cept the ap	of changi pointmen	ng its t as re	registered egistered
12.	Signature (grant	OFFICERS				13.	CIN 8	rgname requied		CHANGES TO OF		ID DIREC	TORS	IN 12
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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 suppliemental 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 if changed, or on an altrachment with an address

SIGNATURE:

Top 1.9

**Top

CITY - ST - ZIP

NAME

DELETE

4/29/198

Addition