

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000008763 (2)

1. Corporation Name

MOBILE SURGICAL SERVICES OF CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

390 CORPORATE WAY
LONGWOOD FL 32750

390 CORPORATE WAY
LONGWOOD FL 32750

FILED

95 AUG -3 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/26/1994

4. FEI Number

Applied For

59-3263683

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 225 S. SWOOPES AVE

26 225 S. SWOOPES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 106

27 SUITE 106

City & State

City & State

23 MAITLAND, FL

28 MAITLAND, FL

Zip

Country

Zip

Country

24 MA 32751

25 USA

29 MA 32751

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, HARRY
390 CORPORATE WAY
LONGWOOD FL 32750

81 Name

STEVE STRINGFELLOW

82 Street Address (P.O. Box Number is Not Acceptable)

225 S. SWOOPES AVE

83

SUITE 106

84 City

MAITLAND FL

FL

85 Zip Code

32751

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligation of Section 607.0905, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D PRESIDENT
NAME	MILES, HARRY
STREET ADDRESS	390 CORPORATE WAY
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	SEC TREASURER
NAME	GREGORY, MARLENE
STREET ADDRESS	390 CORPORATE WAY
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	D
NAME	HARRIS, JIM
STREET ADDRESS	390 CORPORATE WAY
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	STEVE STRINGFELLOW	
1.3 STREET ADDRESS	225 S. SWOOPES AVE #106	
1.4 CITY - ST - ZIP	MAITLAND FL 32751	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
3.2 NAME	RUSSELL E. RICKEL	
3.3 STREET ADDRESS	225 S. SWOOPES AVE #106	
3.4 CITY - ST - ZIP	MAITLAND FL 32751	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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, 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 added, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE STRINGFELLOW

Date

Daytime Phone #

7-1395 4075310083