FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000020829 (4)

1. Corporation Name

GENERAL SURGERY GROUP, P.A.

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD. SOUTH SUITE 909 JACKSONVILLE FL 32216	3599 UNIVERSITY BLVD. SOUTH SUITE 909 JACKSONVILLE FL 32216

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report:

4. FEI Number: *59-3316643* ☐ 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**

WHELCHEL, C D
3599 UNIVERSITY BLVD. SOUTH
SUITE 909
JACKSONVILLE FL 32216

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, 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 *Sec.* ☐ DELETE
NAME	HAGAN, KENNETH D
STREET ADDRESS	5757 BOOTH ROAD BLDG. 100
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D *Treasurer* ☐ DELETE
NAME	PEARCE, HERBERT R
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH #909
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D *1st Vice Pres* ☐ DELETE
NAME	SMITH, LEWIS A
STREET ADDRESS	3636 UNIVERSITY BLVD. SOUTH SUITE C-1
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D *2nd Vice Pres* ☐ DELETE
NAME	WEBB, GEORCE S
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE 909
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D *Pres* ☐ DELETE
NAME	WHELCHEL, CARL D
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE 909
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
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	

CR2E034 (12/95)

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] *1/17/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #