FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS														
DOCUMENT # P95000034831 (4)										-				
DOCUMENT # P95000034831 (4)														
	SURGICARE CENTER OF VENICE, INC.													
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Pr	incipal Place	of Business	.		Mailing Address				***************************************	-	II ARIEI DAIDA HI	1 81681 18	(44)(18))(8) (8 B)	
2665 OAK RIDGE COURT					2665 OAK RIDGE COURT									
FORT MYERS FL 33901-9389					FORT MYERS FL 33901-9389									
									3. Date Incorporated or Qualified	3a. Date	of Last F	Report		
										05/04/1995			,	
	Principal Pla	ice of Busin	ess	2	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For		
21					26					65-0576955			Not Applicable	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		•	5 Additional Required	
	City & State				City & State					6. Election Campaign Financing			· · · · · · · · · · · · · · · · · · ·	
23]				28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8e Added to Fees					
	Zip	Country			Zip Cot					8. This corporation has liability for	intangible tax	under s	199.032,	
24		25 29				30				<u> </u>	cN 🔲 s			
<u> </u>		9. Name	and Address	of Current Reg	Istered Agent		81	T	ame	10. Name and Address of New	Registered A	gent		
	BROWN, DAVID C M.D.								arre					
	2665 OAK RIDGE CT.							Sti	reet Addre	t Address (P.O. Box Number is Not Acceptable)				
		RS FL 339			83									
							84 City - 85 Zip Code							
								Cit	ty	FL 85 Zip Code				
11	Pursuant t	o the provisi	ions of Sections	607.0502 and 6	07.1508, Florida Statute	ove-r	name	ed corpora	tion submits this statement for the pu	rpose of chai	nging its	registered office		
	or registeri familiar wit	eo agent, or h, and acce	potn, in the Starpt the obligation	te of Florida. Su s of, Section 60	ch change was authoriz 7.0505, Florida Statutes	ed by the ·	corp	orati	on's board	of directors. I hereby accept the app	ointment as i	egistere	d agent. I am	
SI	GNATURE _													
							gistered Agont signature required who 13.			whoe reinstating) ADDITIONS/CHANGES TO OF	DATE	NOCOT	000 181 10	
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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 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this prior as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with the difference of the corporation of the receiver or trustee empowered to execute this prior as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with the difference of the corporation of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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