

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000059401 (6)

1. Corporation Name

NORTH FLORIDA SURGICAL ASSOCIATES, P.A.

Principal Place of Business

1251 EAST BAYA AVE.  
LAKE CITY FL 32025

Mailing Address

1251 EAST BAYA AVE.  
LAKE CITY FL 32025



3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.

26 Subst. Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASKO, T M  
ROUTE 12 BOX 219  
LAKE CITY FL 32025

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 of person appointed as new registered agent and the individual)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
VASKO, T M  
ROUTE 12 BOX 219  
LAKE CITY FL 32025

TITLE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
[ ] Change [ ] Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
[ ] Change [ ] Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
[ ] Change [ ] Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
[ ] Change [ ] Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
[ ] Change [ ] Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.M. VASKO (President)

2/16/96

904-758-7588

Daytime Phone #

CR2E034 (12/95)