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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062593 (5)

MEDICAL PARTNERS SURGERY CENTER, INC.

4651 SALISBURY ROAD STE 155 JACKSONVILLE FL 32216		4651 SALISBURY ROAD STE 155 JACKSONVILLE FL 32258-6197				
				3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 05/02/1996	
·· ,	lace of Business	2a. Mailing Address		4. FEI Number	Applied	
1	H - 1 -	Suite, Apt. #, etc.		59-3369121	Not Apr	
Suite, Apt. 4	, , , , , , , , , , , , , , , , , , ,	27		5. Certificate of Status Desired	\$8.75 Additi	d
- Orty & State E	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
Zip	Country	Zip	Country	8. This corporation has liability for in		
]	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	gistered Agent	
	VIS, BRETT J		81 Name			
	1 SALISBURY ROAD STE 15	5	82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
JAC	CKSONVILLE FL 32216		83			
			[83]			
			84 City		FL 85 Zip Code	
l. Pursuant t	to the provisions of Sections 607.	0502 and 607 1508 Florida Status	tes, the above-named cor	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its reg	ster
 office or re agent. Lar 	egistered agent, or both, in the similar with land accept the o	tate of Florida Scott change was bligations of section 607.0505, FI	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept	of the appointment as regis	terec
0				F/3.1		
IGNATUEE				/ / / - / / / / - / / / / - / / - / / / / - / / / - / / - / / / - / / /	· /	
			E: Registered Agent signature requ		DATE CONTROL IN	
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REQUIRED

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR