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

PROFIT CORPORATION ANNUAL REPORT



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

1996 P95000080633 (7) DOCUMENT #

SURGICAL NET HEALTH ASSOCIATES, INC.

0011411	72 112 TIES ETT 7,000 O.	((LO) 1110)			
Principal Place	of Business	Maling Address		(JORE (DAY NO TOLE ONN) DANS DEVICE HONN) O	BANGU
111 2ND AVE. NE. SUITE 1201 ST PETERSBURG FL 33701		111 2ND AVE. NE. SU ST PETERSBURG FL			
				10/18/1995	. Date of Last Report
2. Principal Pla		2a. Mailing Address 26		4. FEI Number 59-3364390	Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28	·· •••	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ₁ ρ 29	Country 30	8. This corporation has liability for intang Florida Statutes Yes	No
	9. Name and Address of Curre	nt Hegisterea Agent	81 Name	10. Name and Address of New Regis	tered Agent
HUDE6	SCOTT		DI Name		
HOPES, SCOTT 111 2ND AVE, NE, SUITE 1201			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RSBURG FL 33701		83		
OI I LIL	TODOTIO 1 E GO701				
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607,050	and 67 .1508, Florida Stat.	ites, the above named corpor	ration submits this statement for the purposer rd of directors. I hereby accept the appointm	of changing its registered office
or registere familiar with	ed agent or both in the State of Fig. h, and accept the obligations of Sec.	lda Sven change was author Vovoux Dises. Flooda Statuk	ized by the corporation's boa is.	rd of directors. Thereby accept the appointm	ent as registered agent. Lam
SIGNATURE	- All	all Ch	Ç.,	HL Hopes 6/2	4/9/
	Bullet Wast Contract for the	ditterapolare (f	iOTE. Beginhood Agert signature require	d where rematchings	ATE / CO
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	*****
THILE	UNDER COTT I	DELETE	1 1 liftE	C 0	🗶 Change 🔲 Addition
NAME	HOPES, SCOTT L 111 2ND AVE, NE, SUITE 120	h4	1.2 NAME		
STREET ADDRESS	ST PETERSBURG FL 33701	J1	1.3 STREET ADDRESS		
CITY · ST - ZIP TITLE	31 FETERSBURG FE 33/UT	[7] DELETE	1.4 CITY - ST - ZIP		
NAME			2 1 TITLE		Change Addition
STREET ADDRESS			2.2 NAMF		
			2.3 STRLET ADDRESS		
CITY - ST - ZIP TITLE		[] DELFIE	2 4 GITY - ST - 7/P 3 1 1/H E		Change Addition
NAME			3 2 NAME		Change Addition
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY - ST - ZIP			3.4 C-TY -ST - ZIP		
TITLE		DELFIE	4 1 THE		Charge Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 O/TY - ST - ZIP		
TITLE		DELETE	5 1 T TLF		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4.0(hr - \$1 - ZIF		
TITLE		☐ DELETE	6 1 TTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-ST ZIF		

SIGNATURE:

Scott L. Hopes

14. I do hereby certify that the information supplied with this filling 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 compration or the receiver of tusted enipowered 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 uniform eddress.