

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000084751 (3)
1. Corporation Name

PARK SQUARE SURGICAL CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4081 TAMiami TRAIL NORTH SUITE C-203 NAPLES FL 33940
4081 TAMiami TRAIL NORTH SUITE C-203 NAPLES FL 33940

3. Date Incorporated or Qualified
11/03/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number Applied For
65-0622886 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RAYMOND, J. PAUL ESQ.
400 CLEVELAND STREET
SUITE 900
CLEARWATER FL 34615-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|---------------------------------------|-----------------|--------------------------|
| | PD PENNA, REGINA | 4081 TAMiami TRAIL NORTH, SUITE C-203 | NAPLES FL 33940 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. Pena*

CR2E034 (10/97)