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FILED  
Jun 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000000352 (0)

1. Corporation Name

GENERAL SURGERY PROVIDER GROUP, INC.

Principal Place of Business

Mailing Address

4302 ALTO ROAD #820  
MIAMI BEACH FL 33140

4302 ALTO ROAD #820  
MIAMI BEACH FL 33140-2883



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1996

4. FEI Number

65-0631563

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

SACHER, CHARLES P  
2655 LEJEUNE ROAD #1101  
CORAL GABLES FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME UNGER, STEPHEN W M.D.  
STREET ADDRESS 4302 ALTO ROAD #820  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME MINERVINI, DONALD M.D.  
STREET ADDRESS 1000 MICHIGAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME SANTONI, ERNESTO M.D.  
STREET ADDRESS 1000 MICHIGAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME EGOZI, ISAAC M.D.  
STREET ADDRESS 1321 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33125

TITLE ☐ DELETE

NAME GLICK, GARRY L M.D.  
STREET ADDRESS 4302 ALTO ROAD #820  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 4302 ALTO RD #820  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 4302 ALTO RD #820  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 4302 ALTO RD #500  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*Charles P. Sacher* (President)

5/12/97 305-532-4835

CR2E034 (9/96)