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Feb 24 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 # P96000003956 (5)

1. Corporation Name
COASTAL SURGICAL, INC.



Principal Place of Business
4506 L.B. MCLEOD RD.
SUITE F
ORLANDO FL 32811

Mailing Address
PO BOX 33-6576
ORLANDO FL 32853-6576

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

29 30

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR.
390 N. ORANGE AVE.
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name GRIGGS, STEPHEN P.
82 Street Address (P.O. Box Number is Not Acceptable)
4506 L.B. MCLEOD ROAD
83 Suite F
84 City ORLANDO FL 85 Zip Code 32811

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 registered agent or person authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	D	DELETE
NAME	IRISH, REBECCA R	
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PAS	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	ST	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
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			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca R. Irish

Daytime Phone #

1/31/97 (407) 541-2115

CR2E034 (9/96)