SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

07-07-1999 90011 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 12 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000017740**

1. Corporation Name
COMMUNITY SURGICAL SPECIALISTS, P.A.

Principal Place of Business	Mailing Address
210 JUPITER LAKES BLVD. BUILDING 3000. SUITE 105 JUPITER FL 33458	210 JUPITER LAKES BLVD. BUILDING 3000. SUITE 105 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 02/27/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0646035	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZELNICK, RONALD S M.D. 210 JUPITER LAKES BLVD. BUILDING 3000, SUITE 105 JUPITER FL 33458	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FOX, ANDREW D M.D.	1.2 NAME	
STREET ADDRESS	210 JUPITER LAKES BLVD., SUITE 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZELNICK, RONALD S M.D.	2.2 NAME	
STREET ADDRESS	210 JUPITER LAKES BLVD., SUITE 105	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SP

CR2E034 (5/99)

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 added to an attachment with an address.

SIGNATURE: RONALD [illegible] 6/30/99 561 626 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 561 575-7875

COMMUNITY SURGICAL SPECIALISTS, P.A.

ANDREW D. FOX, M.D., F.A.C.S. L. RAÚL ARROYO, M.D. RONALD S. ZELNICK, M.D., F.A.C.S.

July 1, 1999

Division of Corporations
Florida Department of State
POB 1500
Tallahassee FL 32302-1500

To Whom It May Concern:

Our corporation has never been negligent in filing Corporation Annual Report. First packet was never received.

Second notice has been recently received. My office manager spoke with Melissa who stated to send letter of review with check for $150.00.

It is my hope that in the future, packets will be sent certified mail.

You can be assured that in the year 2000, we will mark our calendars to look for packet.

Thank you for review of late fee.

Very truly yours,

Ronald S. Zelnick, M.D.

210 Jupiter Lakes Blvd • Bldg. 3000 • Suite 105 • Jupiter, FL 33458 • Tel: (561) 575-7875 • Fax: (561) 575-5874

COMMUNITY SURGICAL SPECIALISTS, P.A.

ANDREW D. FOX, M.D., F.A.C.S. L. RAÚL ARROYO, M.D. RONALD S. ZELNICK, M.D., F.A.C.S.