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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90001 048 \*\*\*150.00

**DOCUMENT # P96000024624**

1. Corporation Name

PHYSICIANS SURGICAL NETWORK, INC.

Principal Place of Business

303 E. PAR STREET  
ORLANDO FL 32804

Mailing Address

990 HAMMOND DR.  
STE. 300  
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1996

4. FEI Number

59-3370576

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLT, SHAMUS  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

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

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 PD ☒ DELETE  
NAME SAPP, D. JEFFREY  
STREET ADDRESS 303 E. PAR STREET  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT AND DIRECTOR ☐ Change ☒ Addition  
1.2 NAME SARAH C. GARVIN  
1.3 STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300  
1.4 CITY-ST-ZIP ATLANTA, GEORGIA 30328

2.1 TITLE VICE PRESIDENT AND SECRETARY ☐ Change ☐ Addition  
2.2 NAME THOMAS M. RODGERS, JR.  
2.3 STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300  
2.4 CITY-ST-ZIP ATLANTA, GEORGIA 30328

3.1 TITLE TREASURER AND ASST. SEC. ☐ Change ☒ Addition  
3.2 NAME GARY RASMUSSEN  
3.3 STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300  
3.4 CITY-ST-ZIP ATLANTA, GEORGIA 30328

4.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition  
4.2 NAME DARCEL A. DUPREE, ESQ.  
4.3 STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300  
4.4 CITY-ST-ZIP ATLANTA, GEORGIA 30328

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Darcel A. Dupree*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99  
Date

770/225-7258  
Daytime Phone #

CR2E034 (11/98)