

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -9 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000042209 (2) 1. Corporation Name SURGICAL AFFILIATES OF PUTNAM COUNTY, P.A.
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Principal Place of Business 2631-A, NW 41ST ST. GAINESVILLE FL 32606	Mailing Address 2631-A, NW 41ST ST. GAINESVILLE FL 32606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/07/1996	3a. Date of Last Report
4. FEI Number 59-3377495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOWNEY, KEVIN 2631 NW 41ST ST., STE. B-2 GAINESVILLE FL 32606
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MELOSH, ROBERT J
STREET ADDRESS	800 ZEAGLER DR., STE. 210
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input type="checkbox"/> DELETE
NAME	D STILLWORD, JOSEPH J
STREET ADDRESS	800 ZEAGLER DR., STE. 320
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input type="checkbox"/> DELETE
NAME	D FINDLATER, ERROLL J
STREET ADDRESS	205 ZEAGLER DR., STE. 101
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_

CR2E034 (4/97)



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August 28, 1997

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Surgical Affiliates of Putnam County, P.A.

Dear Sir or Madam:

Enclosed please find a completed 1997 Corporate Annual Report and payment of \$165.00 for the above-referenced entity. This entity recently received the enclosed second notice and has no record of receiving this document previously. 1996 was the first year this corporation existed, and, therefore, the corporation had no previous experience with the annual report.

To our knowledge, the first corporate annual report received by this office was marked second notice. Having no record of receiving the initial report and not having knowledge that it was due, this entity respectfully requests that you accept this report and payment.

We apologize for any inconvenience to the State and will be certain to contact the department if the annual report for 1998 is not received timely.

Thank you for your help with this matter.

Sincerely,  
DOCTORS' MANAGEMENT

Phil Evans, CFP, CPBC

PE/jh  
Enclosures  
xc: Robert Melosh, M.D.

**DOCTORS' MANAGEMENT**

2631-A N.W. 41st St. • Gainesville, Florida 32606  
Email: [service@drsmgmt.com](mailto:service@drsmgmt.com)  
(352) 373-9140 • FAX (352) 371-6216  
Toll Free (800) 388-9140

MEMBER

NATIONAL ASSOCIATION of  
HEALTH CARE CONSULTANTS

