

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90102 031 ***150.00

DOCUMENT # P96000102040

1. Corporation Name

SURGICAL HEALTH CARE, INCORPORATED

Principal Place of Business

10111 FOREST HILL BLVD.
ST. 221
W. PALM BEACH FL 33414
US

Mailing Address

10111 FOREST HILL BLVD.
ST. 221
W. PALM BEACH FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1996

4. FEI Number

65-0715107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 601 S. Federal Hwy
Suite, Apt. #, etc.
22 St. 109

23 Lake Worth, FLA
City & State

24 33460 25 USA
Zip Country

2a. Mailing Address

26 601 S. Federal Hwy
Suite, Apt. #, etc.
27 St. 109

28 Lake Worth, FLA
City & State

29 33460 30 USA
Zip Country

9. Name and Address of Current Registered Agent

POLIZZI, RAYMOND A
113 WESTWOOD CT
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name Polizzi, Raymond A.
82 Street Address (P.O. Box Number is Not Acceptable)
160 Arlington Rd.
83
84 City West Palm Beach FL 85 Zip Code 33405

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

Raymond A. Polizzi
Signature, typed or printed name of registered agent and title if applicable.

M.D. President Raymond A. Polizzi 11/9/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME POLIZZI, RAYMOND A
STREET ADDRESS 113 WESTWOOD CT.
CITY-ST-ZIP ATLANTIS FL

TITLE VST ☐ DELETE

NAME POLIZZI, MARYANN E
STREET ADDRESS 113 WESTWOOD CT.
CITY-ST-ZIP ATLANTIS FL

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 ☒ Change ☐ Addition

1.2 NAME Polizzi, Raymond A.
1.3 STREET ADDRESS 160 Arlington Rd.
1.4 CITY-ST-ZIP West Palm Beach, FL 33405

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Polizzi, Maryann E.
2.3 STREET ADDRESS 160 Arlington Rd.
2.4 CITY-ST-ZIP West Palm Beach, FL 33405

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 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:

Raymond A. Polizzi
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/98)