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
99 AUG 12 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000008673 (0)

1. Corporation Name

GABLE'S POINT AMBULATORY SURGICAL GROUP, INC.

REINSTATEMENT 98-99 (W)

Principal Place of Business	Mailing Address
215 SW 17 AVE. STE. 201 MIAMI, FL. 33135.	215 SW 17 AVE. STE 201 MIAMI, FL. 33135.

3. Date Incorporated or Qualified: 01/29/1997

2. Principal Place of Business	2a. Mailing Address
21 1914 W MARTIN LUTHER	26 1914 W MARTIN LUTHER
Suite, Apt. #, etc. 22 KING BLVD	Suite, Apt. #, etc. 27 KING BLVD
City & State 23 TAMPA, FL.	City & State 28 TAMPA, FL.
Zip / Country 24 33607-6510 25	Zip / Country 29 33607-6510 30

4. FEI Number: 65-0722048 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

GONZALEZ, DALIA R
215 SW 17 AVE. STE. 201
MIAMI, FL. 33135

10. Name and Address of New Registered Agent

81 Name: DALIA R. DIAZ
82 Street Address (P.O. Box Number is Not Acceptable): 1914 W MARTIN LUTHER KING BLVD.
83
84 City: TAMPA FL 85 Zip Code: 33607

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: Dalia R Diaz — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 07/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D/P/VP/S/T ☒ Change ☐ Addition
NAME	GONZALEZ, DALIA R	1.2 NAME	DALIA R. DIAZ
STREET ADDRESS	310 NW 107 AVE. LAGUNA CLUB EI	1.3 STREET ADDRESS	1914 W MARTIN LUTHER KING BLVD
CITY-ST-ZIP	MIAMI, FL. 33172 APT 207	1.4 CITY-ST-ZIP	TAMPA, FL. 33607
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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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: Dalia R Diaz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 07/28/99 — Daytime Phone #: 1-813-875-5410