FILED Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000033611

1. Corporation Name

	ILIN SUHGICAL CENTER, IN	lo.			
Principal Place	e of Business	Mailing Address		I febilent tie inili inali aditi detti acti acti a	NINE STOR TITLE ATTEL TERM STAT SOME
5285 SUMMERL	IN ROAD	5285 SUMMERLIN ROAD			
SUITE 101 SUITE 101				DO NOT WRITE IN T	LUC CDACE
FORT MYERS FL 38907-7699 FORT MYERS FL 3		FORT MYERS FL 33 <del>907-789</del>	<del>)-</del>		HIS SPACE
				3. Date Incorporated or Qualifed 04/14/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26]		65-0743702	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State	<del></del>	S. Stadio Company Standing	<del></del>
City & State	e			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 7.20	Country	Zip	Country	This corporation owes the current year	
<del></del> ~ 339	919 25		30	Personal Property Tax.	Yes □No
24 -	9. Name and Address of Current	_,L=	201	10. Name and Address of New Register	red Agent
			81 Name		
	ODA, GERALD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	S SUMMERLIN ROAD		<u></u>		
	E 101 T Myfrs fl <del>21907-7199</del> 335	~1 Q	83		
FUR	T MYERS FL <del>33907-7699</del> 335	J1-J	84 City		85 Zip Code
					- <b>L</b>   33919
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpos- tion's board of directors. I hereby accept the a	e of changing its registered
Office of fi	edistered agent, or both, in the State o	n rionga, Such change was au	monzed by the corporat	don's board of directors. Thereby accept are of	pointinoint do rogiora da
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	da Statutes.		
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE:	da Statutes. Registered Agent signature requi	ired when reinstating) DATE	
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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 of fustee 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 attactor and that my name appears with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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