

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

FILED

**Jan 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054392 (0)

1. Corporation Name
DESOTO SURGICAL ASSOCIATES, INC.



Principal Place of Business % GEORGE FAMIGLIO 1634 MAIN STREET SARASOTA FL 34236	Mailing Address % GEORGE FAMIGLIO 1634 MAIN STREET SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1997	4. FEI Number 59-3448821	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 PO BOX 230 Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 3319 Suite, Apt. #, etc.
22 City & State 23 ARCADIA, FL	27 City & State 28 SARASOTA FL
24 Zip 34265 25 Country USA	29 Zip 34230 30 Country USA

9. Name and Address of Current Registered Agent COHEN, ARTHUR J 6108 26TH STREET WEST, SUITE 2 BRADENTON FL 34207	10. Name and Address of New Registered Agent 81 Name VINCENT L. GRANT 82 Street Address (P.O. Box Number is Not Acceptable) 3100 SOUTH EAST COUNTY RD 760 83 84 City ARCADIA 85 Zip Code FL 34266
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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: *V. Cohen*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRANT, VINCENT L		1.2 NAME VINCENT L. GRANT M.D	
STREET ADDRESS 1634 MAIN STREET		1.3 STREET ADDRESS 3100 SOUTH EAST COUNTY RD 760	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP ARCADIA FL 34266	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *V. Cohen* SIGNATURE REQUIRED

CR2E084 (10/97)