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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90211 034 ***188.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000071211

1. Corporation Name
SURG ONE, INC.



Principal Place of Business
**470 HARRISON AVENUE
PANAMA CITY FL 32401**

Mailing Address
**470 HARRISON AVENUE
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

59-3469341

Applied For
☐ Not Applicable

5. Certificate 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
2500 Hwy 77
23 City & State

26 Suite, Apt. #, etc.
2500 Hwy 77
28 City & State

24 Zip **32405** 25 Country

29 Zip **32405** 30 Country

9. Name and Address of Current Registered Agent

**SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name **Thad W. Cofas**
82 Street Address (P.O. Box Number is Not Acceptable)
2500 Hwy 77
83
84 City **Panama City** FL 85 Zip Code **32405**

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

Signature, typed or printed name of registered agent, and title if applicable

(NO E: Registered Agent signature required when reinstating)

4/15/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORRY, JAMES E JR	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AKER, ANTHONY L	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, BRET L	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, H. LOGAN JR	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HASTY, BENJAMIN R	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDINGER, DAVID J	
STREET ADDRESS	470 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cofas, Lee G MD	
1.3 STREET ADDRESS	2500 Hwy 77	
1.4 CITY-ST-ZIP	Panama City FL 32405	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Malkin, John J. MD	
2.3 STREET ADDRESS	2500 Hwy 77	
2.4 CITY-ST-ZIP	Panama City FL 32405	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jones, Mark S. MD	
3.3 STREET ADDRESS	2500 Hwy 77	
3.4 CITY-ST-ZIP	Panama City FL 32405	
4.1 TITLE	Change all addresses to:	
4.2 NAME		
4.3 STREET ADDRESS	2500 Hwy 77	
4.4 CITY-ST-ZIP	Panama City FL 32405	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thad W. Cofas

4-15-99

Date

Daytime Phone #

800 747-9602

CR2E034 (11/98)