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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P97000086976

1. Corporation Name

SURGERY CENTER CONSULTANTS, INC.

Principal Place of Business

8350 RIVERWALK PARK BOULEVARD
SUITE 4
FORT MYERS FL 33919

Mailing Address

8350 RIVERWALK PARK BOULEVARD
SUITE 4
FORT MYERS FL 33919

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0792767

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELGIMAN, DAVID

8350 RIVERWALK PARK BOULEVARD

SUITE 4

FORT MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SERBIN, CARYL
STREET ADDRESS 8350 RIVERWALK PARK BLVD. STE. 4
CITY-ST-ZIP FORT MYERS FL 33919

TITLE DV
NAME HELGIMAN, DAVID
STREET ADDRESS 8350 RIVERWALK PARK BLVD. STE. 4
CITY-ST-ZIP FORT MYERS FL 33919

TITLE DS
NAME FIFER, JOHN S
STREET ADDRESS 8350 RIVERWALK PARK BLVD. STE. 4
CITY-ST-ZIP FORT MYERS FL 33919

TITLE TD
NAME EISENFELD, LARRY S
STREET ADDRESS 8350 RIVERWALK PARK BLVD. STE. 4
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME GARDNER, RONALD D
STREET ADDRESS 8350 RIVERWALK PARK BLVD. STE. 4
CITY-ST-ZIP FORT MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 941 489 4909

CR2E034 (11/98)