

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90169 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000093635**

1. Corporation Name  
**PHYSICIANS SURGICAL CENTER OF PUTNAM COUNTY, INC.**

Principal Place of Business 6500 HWY. 20 W. PALATKA FL 32178	Mailing Address 6500 HWY. 20 W. PALATKA FL 32178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>10/31/1997</b>	Applied For Not Applicable
4. FEI Number <b>59-3495758</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YONG, FRANK J**  
**1050 RIVERSIDE AVE.**  
**JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DEW, DOUGLAS K MD</b>
STREET ADDRESS	<b>RT 4 BOX 260 HWY 20 W</b>
CITY-ST-ZIP	<b>PALATKA FL 32177</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DEW, DOUGLAS K MD</b>
1.3 STREET ADDRESS	<b>RT 7 BOX 260 HWY 20 W</b>
1.4 CITY-ST-ZIP	<b>PALATKA FL 32177</b>
2.1 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RISCH, E. DAVID MD</b>
2.3 STREET ADDRESS	<b>RT 7 BOX 260 HWY 20 W</b>
2.4 CITY-ST-ZIP	<b>PALATKA FL 32177</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>AINSWORTH, W. NICHOLSON DR.</b>
3.3 STREET ADDRESS	<b>RT 5 BOX 300</b>
3.4 CITY-ST-ZIP	<b>PALATKA FL 32177</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHARLES, GLENWOOD MD</b>
4.3 STREET ADDRESS	<b>320 ZEAGLER DR, SUITE A</b>
4.4 CITY-ST-ZIP	<b>PALATKA FL 32177</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>FINDLATER, ERROL MD</b>
5.3 STREET ADDRESS	<b>530 ZEAGLER DR, SUITE A</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MELOSH, ROBERT</b>
6.3 STREET ADDRESS	<b>530 ZEAGLER DR., SUITE A</b>
6.4 CITY-ST-ZIP	<b>PALATKA FL 32177</b>

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: \_\_\_\_\_ Date: **2/2/99** Daytime Phone #: **(904) 328-9686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

150032-90169-19  
P071000093635

PHYSICIANS SURGICAL CENTER  
OF PUTNAM COUNTY, INC.  
P.O. Box 8067  
Palatka, FL 32178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS

D ADDITION  
AKHIYAT, MIKE MD  
700 ZEAGLER DR, SUITE 10  
PALATKA, FL 32177

D ADDITION  
MONZON, RAUL MD  
205 ZEAGLER DR, SUITE 202  
PALATKA, FL 32177

D ADDITION  
MIJARES, CARLOS  
159 CONFEDERATE POINT RD  
PALATKA, FL 32177

D ADDITION  
VASSALLO, JOHN MD  
800 ZEAGLER DRIVE, SUITE 300  
PALATKA, FL 32177

D ADDITION  
JAIN, VIDYA MD  
800 ZEAGLER DRIVE, SUITE 230  
PALATKA, FL 32177