

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02216 (7)

1. Corporation Name

PEDIATRIC SURGICAL GROUP, P.A.

Principal Place of Business

**880 SIXTH STREET SOUTH, STE. 210
ST. PETERSBURG FL 33701**

Mailing Address

**880 SIXTH STREET SOUTH, STE. 210
ST. PETERSBURG FL 33701**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR -6 AM 9:39

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/20/1990	3a. Date of Last Report 02/11/1994
4. FEI Number 59-3029037		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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent HARMEL, RICHARD P. JR. 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HARMEL, RICHARD P. JR.	1.2 NAME	
STREET ADDRESS	801 SIXTH STREET SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KAY, GAIL A., M.D.	2.2 NAME	
STREET ADDRESS	880 SIXTH STREET SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: R. P. Harmel, Jr., M.D. x 3/29/95 (EB) 92-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)