

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

APPROVED
AND
FILED

95 APR 28 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S21578 (7)

1. Corporation Name

PALM HARBOR SURGICAL ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1991** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-3041667** 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. 189.032, Florida Statutes ☒ Yes ☐ No

Principal Place of Business Mailing Address
32615 U.S. 19 NORTH SUITE 3 PALM HARBOR FL 34684

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

**GASSMAN, ALAN S.
1212 COURT STREET
SUITE B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1245 court street
83 Suite 102
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]
Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **IYER, VEKIT S.**
STREET ADDRESS **32615 US 19 NORTH, #3**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE **D**
NAME **REQUENA, RAMIRO**
STREET ADDRESS **32615 US 19 NORTH, #3**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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 attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VEKIT IYER, M.D.

(813)785-4478

Date

Daytime Phone #