

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S71516 (6)**

1. Corporation Name  
**ASSOCIATED COLON & RECTAL SURGEONS, P.A.**



Principal Place of Business: **320 N. EDINBURSH D WINTER PARK FL 32792 US**  
Mailing Address: **320 N. EDINBURSH D WINTER PARK FL 32792 US**

3. Date Incorporated or Qualified: **08/05/1991**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3078765**  
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**

**10. Name and Address of New Registered Agent**

**TREVISANI, MICHAEL F.  
320 N. EDINBURSH  
SUITE D  
WINTER PARK FL 32792**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered agent signature required when reappointing) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TREVISANI, MICHAEL F.</b>	
STREET ADDRESS	<b>320 N. EDINBURSH DR., STE D</b>	
CITY - ST - ZIP	<b>WINTER PARK FL</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 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 ME	
1.3 SEET ADDRESS	
1.4 Y - ST - ZIP	
2.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 ME	
2.3 SEET ADDRESS	
2.4 Y - ST - ZIP	
3.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 ME	
3.3 SEET ADDRESS	
3.4 Y - ST - ZIP	
4.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 ME	
4.3 SEET ADDRESS	
4.4 Y - ST - ZIP	
5.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 ME	
5.3 SEET ADDRESS	
5.4 Y - ST - ZIP	
6.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 ME	
6.3 SEET ADDRESS	
6.4 Y - 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 an attachment with an address.

SIGNATURE: **Michael F. Trevisani** *M. F. Trevisani* **4/26/96** **407-628-1950**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)