

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V10631 (2)

1. Corporation Name

JEWETT OUTPATIENT SURGERY CENTER, P.A.

Principal Place of Business

1285 ORANGE AVE
WINTER PARK FL 32789

Mailing Address

1285 ORANGE AVE
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

MUNSON, GREGORY O. MD
1285 ORANGE AVE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1992

4. FEI Number

NOT APPLICABLE

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

John A. Papa, M.D.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BARNETT, JAMES C. MD
1285 ORANGE AVE
WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CROFT, CARL L. MD
1285 ORANGE AVE
WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NIXON, JOSEPH J. MD
1285 ORANGE AVE
WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SPIVEY, JAMES N. MD
1285 ORANGE AVE
WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RIDDICK, MAX F. MD
1285 ORANGE AVE
WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCCUTCHEN, JOHN W. MD
1285 ORANGE AVE
WINTER PARK FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

SECRETARY/TREASURER
JOHN A. PAPA, M.D.
1285 ORANGE AVE
WINTER PARK, FL 32789

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

PRESIDENT

☒ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

John A. Papa, M.D.

3-23-98

407 643-1341

CR2E034 (10/97)