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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V32162** **(2)**

1. Corporate Name
BETHESDA MEDICAL/SURGICAL SPECIALIST, INC.

700001475547
-05/04/95--01027--018
***3040.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
54 NE 4 AVE DELRAY BEACH FL 33483	54 NE 4 AVE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **04/27/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0353232** ☐ 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	10. Name and Address of New Registered Agent
STRAWN, JOEL T. 54 NE 4 AVE DELRAY BEACH FL 33483	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HILL, ROBERT B.	12 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	TDV ☒ Change ☐ Addition
NAME	TAYLOR, ROBERT B., JR.	22 NAME	TAYLOR, ROBERT B.
STREET ADDRESS	2815 S SEACREST BLVD	23 STREET ADDRESS	2815 S. Seacrest Blvd.
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	Boynton Beach, FL 33435
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KIRK, ROGER L.	32 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	PELTZIE, KENNETH G.
STREET ADDRESS		43 STREET ADDRESS	2815 S. Seacrest Blvd.
CITY ST ZIP		44 CITY ST ZIP	Boynton Beach, FL 33435
TITLE		51 TITLE	S ☐ Change ☒ Addition
NAME		52 NAME	STRAWN, JOEL T.
STREET ADDRESS		53 STREET ADDRESS	54 NE 4th Avenue
CITY ST ZIP		54 CITY ST ZIP	Delray Beach, FL 33438
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SM 5/1

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)(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.

SIGNATURE: _____ 4-28-95 407 278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0276507 CP