

**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 # V40714**

**(0)**

1. Corporation Name

**CBR SURGICAL ASSOCIATES, INC.**



Principal Place of Business

**5633 FIRST AVENUE SOUTH  
ST. PETERSBURG FL 33707**

Mailing Address

**5633 FIRST AVENUE SOUTH  
ST. PETERSBURG FL 33707**

3. Date Incorporated or Qualified  
**06/01/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**SUITE 400**

2a. Mailing Address

**SUITE 400**

21. **1615 PASADENA AVE., S.**

26. **1615 PASADENA AVE., S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **ST. PETERSBURG, FL**

27. **ST. PETERSBURG, FL**

City & State

City & State

23. Zip

28. Country

24. **33707**

25. **USA**

29. **33707**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARKE, JOHN M.  
5633 FIRST AVENUE SOUTH  
ST. PETERSBURG FL 33707**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ DELETE

1. 1 TITLE ☒ Change ☐ Addition

NAME **CLARK, JOHN M.**  
STREET ADDRESS **5633 FIRST AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

NAME **CLARKE, JOHN M.**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

2. 1 TITLE ☐ DELETE

2. 1 TITLE ☐ Change ☒ Addition

NAME **REHNKE, ERNEST C.**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

NAME **REHNKE, ERNEST C.**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

3. 1 TITLE ☐ DELETE

3. 1 TITLE ☐ Change ☒ Addition

NAME **BLANDYS, J. CHRISTOPHER**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

NAME **BLANDYS, J. CHRISTOPHER**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

4. 1 TITLE ☐ DELETE

4. 1 TITLE ☐ Change ☐ Addition

NAME **REHNKE, ERNEST C.**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

NAME **REHNKE, ERNEST C.**  
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5. 1 TITLE ☐ Change ☐ Addition

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6. 1 TITLE ☐ DELETE

6. 1 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

NAME **REHNKE, ERNEST C.**  
STREET ADDRESS **1615 PASADENA AVE., S. SUITE 400**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

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 in change or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del

Daytime Phone #

CR2E034 (12/95)