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FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V54069

(2)

1. Corporation Name

SURGIPRO CENTRAL, INC.

Principal Place of Business

C/O OZARK AT ADVANTIST
GENTRY AR 72734
US

Mailing Address

203 N OAK
SALLISAW OK 74955
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

59-3133535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 201 North Elm

Suite, Apt. #, etc.

22

City & State

23 Sallisaw, OK

Zip

24 74955

Country

25

2a. Mailing Address

26 Mat Turner

27 150 N. Meramec

Suite, Apt. #, etc.

28 Fourth Floor

City & State

29 St. Louis, MO

Zip

30 63105

Country

31

9. Name and Address of Current Registered Agent

PAGE, CLAY
3909 EAST SEMORAN BLVD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

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

1200 S. Pine Island Road

83

84

City
Plantation

FL

85

Zip Code
33324

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

MARTIE S. GREEN, CT CORP 9/25/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

S
CLAYTON LEE FARMER
P.O. BOX 812
SALLISAW OK

TITLE NAME ☐ DELETE

D
MITCHELL, KELLY
300 S. JENKINS
SALLISAW OK

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D ☒ Change ☐ Addition

12 NAME Clayton Page
13 STREET ADDRESS 201 North Elm
14 CITY-ST-ZIP Sallisaw, OK 74955

21 TITLE S/D ☒ Change ☐ Addition

22 NAME Kelly Mitchell
23 STREET ADDRESS 201 North Elm
24 CITY-ST-ZIP Sallisaw, OK 74955

31 TITLE D ☐ Change ☒ Addition

32 NAME Bob G. Mitchell
33 STREET ADDRESS 201 North Elm
34 CITY-ST-ZIP Sallisaw, OK 74955

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this filing.

CR2E034 (10/97)