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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58488

1. Corporation Name

SOUTHERN SURGICAL CORP.

Principal Place of Business

11232 HUXLEY AVE.
ORLANDO FL 32837
US

Mailing Address

11232 HUXLEY AVE.
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1992

4. FEI Number

59-3169689

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7345 SAND LAKE RD.

2a. Mailing Address

26 7345 SAND LAKE RD.

Suite, Apt. #, etc.

22 SUITE 407

Suite, Apt. #, etc.

27 SUITE 407

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32819

Country

25 USA

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

KNIGHT, JEFFREY A
11232 HUXLEY AVENUE
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

JEFFREY ALLAN KNIGHT

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

7345 SAND LAKE RD.

83

SUITE 407

84 City

ORLANDO

FL

85 Zip Code

32819

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, applicable.

(NOTE: Registered Agent must be a resident of Florida.)

JEFFREY A. KNIGHT 3-4-99
REGISTERED AGENT, PRESIDENT

12. OFFICERS AND DIRECTORS

TITLE P
NAME KNIGHT, JEFFREY A
STREET ADDRESS 11232 HUXLEY AVENUE
CITY-ST-ZIP ORLANDO FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JEFFREY ALLAN KNIGHT
1.3 STREET ADDRESS 7345 SAND LAKE RD., SUITE 407
1.4 CITY-ST-ZIP ORLANDO, FL 32819

2.1 TITLE V
2.2 NAME MICHELLE SABER
2.3 STREET ADDRESS 7345 SAND LAKE RD., SUITE 407
2.4 CITY-ST-ZIP ORLANDO, FL 32819

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE: JEFFREY A. KNIGHT 3-4-99

(407)354-5494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)