FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:24

DOCUMENT # **V67686** **(8)**

1. Corporation Name
UNIVERSITY SURGICAL CENTER, INC.

Principal Place of Business	Mailing Address
5979 VINELAND RD. SUITE 101 ORLANDO FL 32819	5979 VINELAND RD. SUITE 101 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 7351 University Blvd	26 7351 University Blvd
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Winter Park, Fl	City & State 28 Winter Park, Fl
Zip / Country 24 32792 / 25 USA	Zip / Country 29 32792 / 30 USA

4. FEI Number: 59-3150592 ☐ 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

LEE, STEVEN C.
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Alan J. Saffran, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 7351 University Blvd
83: Suite 300
84 City: Winter Park FL 85 Zip Code: 32792

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] Alan J. Saffran, M.D. 3/22/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	DUBBIN, CLIFFORD B.	12 NAME	John F. Huhn
STREET ADDRESS	5979 VINELAND ROAD, #101	13 STREET ADDRESS	7351 University Blvd Suite 300
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Winter Park, Fl 32792
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	MOKRIS, MICHAEL S.	22 NAME	
STREET ADDRESS	5979 VINELAND RD., #101	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	REESE, BRADLEY R.	32 NAME	
STREET ADDRESS	5979 VINELAND RD, #101	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	EARLY, STEPHEN V.	42 NAME	
STREET ADDRESS	1140 S SEMORAN BLVD., #A	43 STREET ADDRESS	7351 University Blvd Suite 300
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	Winter Park, Fl 32792
TITLE	DST	51 TITLE	D ☒ Change ☐ Addition
NAME	ATKINS, JAMES S.	52 NAME	
STREET ADDRESS	5979 VINELAND RD, #101	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	DST ☒ Change ☐ Addition
NAME	SAFFRAN, ALAN J.	62 NAME	
STREET ADDRESS	1140 S SEMORAN BLVD., #A	63 STREET ADDRESS	7351 University Blvd Suite 300
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	Winter Park, Fl 32792

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: [signature] ALAN J. SAFFRAN, M.D. 3/22/95 677-0099
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:23

DOCUMENT # **V67947** **(4)**

1. Corporation Name
WORDS & VISION INC.

Principal Place of Business	Mailing Address
15705 MIAMI LAKEWAY #214 MIAMI LAKES FL 33014	15705 MIAMI LAKEWAY #214 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1992** | 3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 **11320 SW 8TH PL**	26 **11219 PINES BLVD.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **#103**
City & State 23 **PEMBROKE PINES, FL**	City & State 28 **PEMBROKE PINES**
Zip 24 **33025** Country 25 **USA**	Zip 29 **33024** Country 30 **USA**

4. FEI Number: **65-0359065** ☐ 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
CANTERBURY, MARK ~~15705 MIAMI LAKEWAY 3214~~ ~~MIAMI LAKES FL 33014~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): **11320 SW 8TH PL** 83 84 City: **PEMBROKE PINES** **FL** 85 Zip Code: **33025**

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] 3/25/95
Signature of new or previous registered agent and title if applicable (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	CANTERBURY, MARK	12 NAME		
STREET ADDRESS	~~15705 MIAMI LAKEWAY N~~	13 STREET ADDRESS	11320 SW 8TH PLACE	
CITY ST ZIP	~~MIAMI LAKES FL~~	14 CITY ST ZIP	PEMBROKE PINES, FL 33025	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 above, or on an attachment with an address.

SIGNATURE: [signature] 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date

Daytime Phone: 305-430-7277
Fax: 407-347-1916