

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90030 018 ***150.00

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1. Entity Name
TITUSVILLE SURGICAL ASSOCIATES, M.D., P.A.



Principal Place of Business
1901 JESS PARRISH COURT
TITUSVILLE, FL 32796-2146

Mailing Address
1901 JESS PARRISH COURT
TITUSVILLE, FL 32796-2146

40010500



2. Principal Place of Business - No P.O. Box #
494 N. WASHINGTON AVE

3. Mailing Address
P.O. Box 2727

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.

01182008 Chg-P CR2E034 (12/06)

City & State
TITUSVILLE, FL

City & State
TITUSVILLE, FL

4. FEI Number
59-1227846

Applied For
Not Applicable

Zip
32796

Country
FLORIDA

Zip
32781

Country
FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, R.P.
1901 JESS PARRISH CT.
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
494 N WASHINGTON AVE

City
TITUSVILLE

FL

Zip Code
32796

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *R.P. Patel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2008

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PATEL, R.P.
STREET ADDRESS 1901 JESS PARRISH CT
CITY-ST-ZIP TITUSVILLE, FL

TITLE RS ☐ Delete
NAME PATEL, NILAM
STREET ADDRESS 1901 JESS PARRISH COURT
CITY-ST-ZIP TITUSVILLE, FL 32796-2146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 494 N. WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 494 N. WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R.P. Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2008

Date

Daytime Phone #