

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90512 048 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 600855 1. Entity Name BRADENTON SURGICAL ASSOCIATES, P.A.			
Principal Place of Business 311 MANATEE AVE E BRADENTON, FL 34208		Mailing Address 311 MANATEE AVE E BRADENTON, FL 34208	
2. Principal Place of Business 1884 59th ST. West Suite, Apt. #, etc.		3. Mailing Address 1884 59th ST. West Suite, Apt. #, etc.	
City & State Bradenton FL Zip 34209		City & State Bradenton FL Zip 34209	
Country USA		Country USA	
4. FEI Number 59-1232200		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL T. MASSIE MD 311 MANATEE AVE E BRADENTON, FL 34208		7. Name and Address of New Registered Agent Name Nanette K. Wendel, MD Street Address (P.O. Box Number is Not Acceptable) 1884 59th ST. West City Bradenton FL Zip Code 34209	
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 <u>Nanette K. Wendel</u> DATE <u>4/27/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when naming.)			
FILE NOW!! FREE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENNEBACKER, PAIGE K. M 311 MANATEE AVE E. BRADENTON, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASSIE, MITCHELL T MD 311 MANATEE AVENUE E BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDEL, NANETTE K MD 311 MANATEE AVE E. BRADENTON, FL 34208	☐ Delete	☒ Change ☐ Addition
12. 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 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: <u>Nanette K. Wendel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/27/05</u> Date Daytime Phone #	

50045122



04272005 Chg-P CR2E034 (10/03)