2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 602971

Entity Name: SURGICAL ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.

Current Principal Place of Business:

436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1362995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDRICH, DAVID K
436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HOLEC, SIDNEY W
Address: 1708 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete
Name: ALDRICH, DAVID K
Address: 609 FOUR BAYS DR.
City-St-Zip: NOKOMIS, FL 34275

Title: PD ( ) Delete
Name: SMITH, BRYAN L
Address: 2517 BAYSHORE RD
City-St-Zip: NOKOMIS, FL 34275

Title: VPD ( ) Delete
Name: HALABY, ISSAM A
Address: 277 PESARD DRIVE
City-St-Zip: NORTH VENICE, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN L. SMITH, MD PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date