


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L70766
 1. Entity Name
 SARASOTA SURGICAL SPECIALISTS, P.A.



Principal Place of Business: SARASOTA SURGICAL SPECIALIST, 1921 WALDEMERE STREET, STE 705, SARASOTA, FL 34239, US
 Mailing Address: SARASOTA SURGICAL SPECIALIST, 1921 WALDEMERE STREET, STE 705, SARASOTA, FL 34239, US

U00000770392
 07/25/07-80001-008 550.00



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01082007 No Chg-P CR2E034 (11/05)

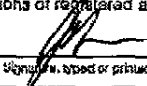
4. FEI Number: 65-0189869 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 NORA MD, JOHN D
 1921 WALDEMERE STREET
 STE #705
 SARASOTA, FL 34239

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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:  (NOTE: Registered Agent signatures required when reappointing)
 DATE: 7/16/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOVAK, RUSSELL
STREET ADDRESS	1821 WALDEMERE ST STE 705
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	BOWERS, BERT A
STREET ADDRESS	1921 WALDEMERE ST STE 705
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	NORA MD, JOHN D
STREET ADDRESS	1921 WALDEMERE ST, #705
CITY-ST-ZIP	SARASOTA, FL
TITLE	S
NAME	FOGLEMAN MD, JAMES H
STREET ADDRESS	1921 WALDEMERE STREET, #705
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  (941) 977-6300
 DATE: 7/16/07