

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 06, 2010  
Secretary of State**

DOCUMENT# L70766

Entity Name: SARASOTA SURGICAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

SARASOTA SURGICAL SPECIALIST  
1950 ARLINGTON STREET STE 310  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

SARASOTA SURGICAL SPECIALIST  
1950 ARLINGTON STREET STE 310  
SARASOTA, FL 34239 US

**New Mailing Address:**

FEI Number: 65-0189869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORA MD, JOHN D  
1921 WALDEMERE STREET  
STE #705  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

NORA MD, JOHN D  
1950 ARLINGTON STREET  
STE #310  
SARASOTA, FL 34239 US

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

05/06/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: NOVAK, RUSSELL  
Address: 1950 ARLINGTON STREET, STE #310  
City-St-Zip: SARASOTA, FL 34239 US

Title: P  
Name: NORA MD, JOHN D  
Address: 1950 ARLINGTON STREET, STE #310  
City-St-Zip: SARASOTA, FL 34239 US

Title: S  
Name: FOGLEMAN MD, JAMES H  
Address: 1950 ARLINGTON STREET #310  
City-St-Zip: SARASOTA, FL 34239 US

Title: T  
Name: FITZGERALD MD, THOMAS P  
Address: 1950 ARLINGTON STREET #310  
City-St-Zip: SARASOTA, FL 34239 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. NORA MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

05/06/2010

\_\_\_\_\_  
Date