

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70766

FILED
Feb 08, 2011
Secretary of State

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
1950 ARLINGTON STREET
STE #310
SARASOTA, FL 34239 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

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

_____ Electronic Signature of Signing Officer or Director

PRES

02/08/2011

_____ Date