


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 020 ***150.00

DOCUMENT # P94000041969	
1. Entity Name THE SURGERY GROUP, P.A.	

Principal Place of Business 1717 N.E. "E" STREET SUITE 434 PENSACOLA, FL 32501 US	Mailing Address 1717 N. "E" STREET SUITE 434 PENSACOLA, FL 32501 US
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44016781



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3256236	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEON, JOSEPH
 1717 N. "E" ST. #434
 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

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 signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBEY, ROBERT M.D. 1717 N. "E" STREET, SUITE 434 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HODNETTE, F. BROOKS JR. 1717 N. "E" STREET, SUITE 434 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, JOHN A MD 1717 N. "E" STREET, STE. 434 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, JOSEPH F M.D. 1717 N. "E" STREET, SUITE 434 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALUDA, MICHAEL J 1713. NORTH. E STREET SUITE 434 PENSACOLA, FL: 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, JOHN 1717 N E ST STE 434 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

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: *X* Robert Rubey **ROBERT RUBEY - PRES** 3/5/04 850 4444777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#P0400004969

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Attachment to 2004 For Profit Corporation Annual Report

Supplemental Page

10. Officers and Directors

Director

Paul Henderson

1717 N E ST STE 434

PENSACOLA, FL 32501