


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90120 012 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P94000041969<br>1. Entity Name<br>THE SURGERY GROUP, P.A. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>1717 N.E. "E" STREET<br>SUITE 434<br>PENSACOLA, FL 32501 US | Mailing Address<br>1717 N. "E" STREET<br>SUITE 434<br>PENSACOLA, FL 32501 US |
|--|--|

50029489



**DO NOT WRITE IN THIS SPACE**

02102005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3256236                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RUBEN, ROBERT M.D.<br>1717 N. "E" STREET, SUITE 434<br>PENSACOLA, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HODNETTE, F. BROOKS JR.<br>1717 N. "E" STREET, SUITE 434<br>PENSACOLA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TUCKER, JOHN A MD<br>1717 N. "E" STREET, STE. 434<br>PENSACOLA, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEON, JOSEPH F M.D.<br>1717 N. "E" STREET, SUITE 434<br>PENSACOLA, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CALUDA, MICHAEL J<br>1713 NORTH E STREET SUITE 434<br>PENSACOLA, FL 32501  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TYSON, JOHN<br>1717 N E ST STE 434<br>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 F. Brooks Hodnette, Jr* 3/17/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F. Brooks Hodnette, Jr

3/17/05

850-444-4777