

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90006 020 ***150.00



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

Principal Place of Business 1717 NORTH E STREET SUITE 434 PENSACOLA, FL 32501 US	Mailing Address 1717 NORTH E STREET SUITE 434 PENSACOLA, FL 32501 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03052008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 TYSON, JOHN W
 1717 NORTH E STREET
 STE 434
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* Robert Rubey MD, Pres *[Signature]* 3/31/08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	RUBEY, ROBERT M.D.	
STREET ADDRESS	1717 NORTH E STREET, STE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	HODNETTE, F. BROOKS JR.	
STREET ADDRESS	1717 NORTH E STREET, SUITE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, JOHN A MD	
STREET ADDRESS	1717 NORTH E STREET, SUITE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALUDA, MICHAEL J	
STREET ADDRESS	1713 NORTH E STREET SUITE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, PAUL	
STREET ADDRESS	1717 NORTH E ST STE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAL, PATRICK F MD	
STREET ADDRESS	1717 NORTH E STREET STE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY LORD	
STREET ADDRESS	1717 N E ST STE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W TYSON	
STREET ADDRESS	1717 N E STREET STE 434	
CITY-ST-ZIP	PENSACOLA, FL 32501	

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: *[Signature]* Robert Rubey, MD, Pres *[Signature]* 3/31/08 850-444-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #