2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P95000033503

Entity Name: PINELLAS SURGICAL ASSOCIATES, INCORPORATED

Current Principal Place of Business:

4801 49TH STREET NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4801 49TH STREET NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3312447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEN, GERALD
7243 BRYAN DAIRY RD
LARGO, FL 33777 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RAVINDRA, NAGELLA MD
Address: 4801 49TH ST. NO
City-St-Zip: ST PETERSBURG, FL

Title: DVP ( ) Delete
Name: NANDA, MANU MD
Address: 4801 49TH ST. NORTH
City-St-Zip: ST PETERSBURG, FL

Title: S ( ) Delete
Name: LI, ALBERT DR
Address: 4801 49TH ST N
City-St-Zip: ST PETE, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NAGELLA RAVINDRA, M.D. DP 01/30/2007

Electronic Signature of Signing Officer or Director Date