


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90066 038 \*\*\*150.00

<b>DOCUMENT # P99000038048</b>	
1. Entity Name <b>SURGERY CONSULTANTS OF AMERICA, INC.</b>	

Principal Place of Business 13740 CYPRESS TERR CR SUITE 501-503 FT.MYERS, FL 33907 US	Mailing Address 13740 CYPRESS TERR CR SUITE 501-503 FT.MYERS, FL 33907 US
--	--

40053687



2. Principal Place of Business - No P.O. Box # <b>12670 CREEKSIDE LANE</b>	3. Mailing Address <b>12670 CREEKSIDE LANE</b>
Suite, Apt. #, etc. <b>SUITE #401</b>	Suite, Apt. #, etc. <b>SUITE #401</b>
City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33919</b>	Country <b>USA</b>

04032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0908721</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SMITH, WILLIAM R ESQ. 8191 COLLEGE PKWY., #204 FT.MYERS, FL 33919</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SERBIN, CARYL 13740 CYPRESS TERR CR SUITE 50-503 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12670 CREEKSIDE LANE, SUITE #401 FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ENGLISH, JUDITH 13740 CYPRESS TERR CR SUITE 501-503 FT.MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12670 CREEKSIDE LANE, SUITE #401 FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Judith English **4/6/07** **239-482-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #