

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038048

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: SURGERY CONSULTANTS OF AMERICA, INC.

**Current Principal Place of Business:**

12670 CREEKSIDE LANE  
SUITE 401  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

12670 CREEKSIDE LANE  
SUITE 401  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 65-0908721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, WILLIAM R ESQ.  
8191 COLLEGE PKWY., #204  
FT.MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 US

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: GUY E. WHITESMAN      04/01/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SERBIN, CARYL  
Address: 12670 CREEKSIDE LANE SUITE 401  
City-St-Zip: FORT MYERS, FL 33919 US

Title: DVP ( ) Delete  
Name: ENGLISH, JUDITH  
Address: 12670 CREEKSIDE LANE SUITE 401  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CARYL SERBIN      P      04/01/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date