

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600672

**Entity Name:** TITUSVILLE SURGICAL ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

2475 S WASHINGTON AVE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

2475 S WASHINGTON AVE  
TITUSVILLE, FL 32780

**FEI Number: 59-1227846**

**Certificate of Status Desired: No**

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

PATEL, R.P.  
2475 S WASHINGTON AVE  
TITUSVILLE, FL 32780 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name PATEL, R.P.  
Address 2475 S WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

Title RS  
Name PATEL, NILAM  
Address 2475 S WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

*I hereby 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 all other like empowered.*

**SIGNATURE: NILAM PATEL**

**RS**

**01/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date