

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70766

FILED
Mar 17, 2016
Secretary of State
CC1584069626

Entity Name: SARASOTA SURGICAL SPECIALISTS, P.A.

Current Principal Place of Business:

SARASOTA SURGICAL SPECIALIST
1950 ARLINGTON STREET STE 310
SARASOTA, FL 34239

Current Mailing Address:

SARASOTA SURGICAL SPECIALIST
1950 ARLINGTON STREET STE 310
SARASOTA, FL 34239 US

FEI Number: 65-0189869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORA MD, JOHN D
1950 ARLINGTON STREET
STE #310
SARASOTA, FL 34239 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 VP
Name NOVAK, RUSSELL
Address 1950 ARLINGTON STREET, STE #310

City-State-Zip: SARASOTA FL 34239

Title P
Name NORA MD, JOHN D
Address 1950 ARLINGTON STREET, STE #310

City-State-Zip: SARASOTA FL 34239

Title S
Name FOGLEMAN MD, JAMES H
Address 1950 ARLINGTON STREET #310

City-State-Zip: SARASOTA FL 34239

Title T
Name FITZGERALD MD, THOMAS P
Address 1950 ARLINGTON STREET #310

City-State-Zip: SARASOTA FL 34239

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: JOHN D NORA MD

PRES

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date