

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L70766

**FILED**  
**Feb 18, 2014**  
**Secretary of State**  
**CC4347043626**

**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

**PRESIDENT**

**02/18/2014**

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

\_\_\_\_\_  
Date