

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041969

Entity Name: THE SURGERY GROUP, P.A.

Current Principal Place of Business:

4012 N. NINTH AVENUE
PENSACOLA, FL 32503

Current Mailing Address:

4012 N. NINTH AVENUE
PENSACOLA, FL 32503 US

FEI Number: 59-3256236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALUDA, MICHAEL J DR.
4012 N. NINTH AVENUE
PENSACOLA, FL 32503 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: DR. MICHAEL J. CALUDA

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	VP
Name	RUBEY, ROBERT M.D.	Name	HODNETTE, BROOKS FJR
Address	4012 N. NINTH AVENUE	Address	4012 N. NINTH AVENUE
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	PRESIDENT	Title	D
Name	CALUDA, MICHAEL JMD	Name	LORD, JEFFREY
Address	4012 N. NINTH AVENUE	Address	4012 N. NINTH AVENUE
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	DIRECTOR	Title	DIRECTOR
Name	GATMAITAN, PATRICK T	Name	ONADY, MARK R.
Address	4012 N. NINTH AVENUE	Address	4012 N. NINTH AVENUE
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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: MICHAEL J. CALUDA, MD

PRES

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date