

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000041969

**FILED  
Mar 20, 2015  
Secretary of State  
CC5012146950**

**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:**

RUBEY, ROBERT F  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            RUBEY, ROBERT M.D.  
Address        4012 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            VP  
Name            HODNETTE, BROOKS FJR  
Address        4012 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            TRES  
Name            CALUDA, MICHAEL JMD  
Address        4012 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            D  
Name            TYSON, JOHN WMD  
Address        4012 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            D  
Name            LORD, JEFFREY  
Address        4012 N. NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            CURTSINGER, WILLIAM S M.D.  
Address        4012 N. NINTH AVENUE  
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: ROBERT F RUBEY, M.D.**

**PRESIDENT**

**03/20/2015**

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

\_\_\_\_\_  
Date