FILED
Apr 17, 2007 8:00 am
Secretary of State
03-26-2007 90059 029 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 467120

1. Entity Name
DIRK W. R. SURINGA, M.D., P.A.

Principal Place of Business
~~505 DELEON ST. SUITE 8~~ 508 SO. HABANA AVE. SUITE 150
~~C/O DELEON PROFESSIONAL BLDG.~~
TAMPA, FL ~~33606~~ 33609

Mailing Address
~~505 DELEON ST.~~ 508 SO. HABAN SUITE 150
~~C/O DELEON PROFESSIONAL BLDG.~~
TAMPA, FL ~~33606~~ 33609

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-1564754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, S. KATHERINE MRS.
HILL WARD HENDERSON, P.A.
~~PO BOX 2231~~
~~TAMPA, FL 33601~~
101 E Kennedy Blvd # 3700
Tpa Fla 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SURINGA, DIRK W.R. ~~505 DELEON SUITE 8~~ 508 SO. HABANA AVENUE TAMPA, FL 33609 SUITE 150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/20/07 813-350-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #