2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# 479464

Entity Name: TAMPA SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

4700 NORTH HABANA AVENUE
SUITE 403
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4700 NORTH HABANA AVENUE
SUITE 403
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1615034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIACO, JOSEPH F MD
4700 N. HABANA AVENUE
SUITE 403
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VT ( ) Delete
Name: BRANNAN, ANTHONY N
Address: 4700 N. HABANA AVE. #403
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete
Name: DIACO, JOSEPH F
Address: 4700 N. HABANA AVE. #403
City-St-Zip: TAMPA, FL

Title: S ( ) Delete
Name: ECHEVARRIA, DAVID
Address: 4700 N. HABANA AVE, 403
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition
Name: BRANNAN, ANTHONY N M.D.
Address: 4700 N. HABANA AVE. #403
City-St-Zip: TAMPA, FL 33614

Title: PD (X) Change ( ) Addition
Name: DIACO, JOSEPH F M.D.
Address: 4700 N. HABANA AVE. #403
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change ( ) Addition
Name: ECHEVARRIA, DAVID F M.D.
Address: 4700 N. HABANA AVE, 403
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH F. DIACO, M.D. PD 01/27/2005

Electronic Signature of Signing Officer or Director — Date