


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 044 ***150.00

DOCUMENT # 479464
 1. Entity Name
TAMPA SURGICAL ASSOCIATES, P.A.



Principal Place of Business Mailing Address
4700 NORTH HABANA AVENUE **4700 NORTH HABANA AVENUE**
SUITE 403 **SUITE 403**
TAMPA FL 33614 **TAMPA FL 33614**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1615034 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DIACO, JOSEPH F MD
4700 N. HABANA AVENUE
SUITE 403
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name **Brannan, Anthony N. MD**
 Street Address (P.O. Box Number is Not Acceptable) **4700 N. Habana Avenue**
Suite 403
 City **Tampa** FL Zip Code **33614**

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 Anthony N. Brannan, MD DATE 2/2/06
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANNAN, ANTHONY N M.D. 4700 N. HABANA AVE. #403 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIACO, JOSEPH F M.D. 4700 N. HABANA AVE. #403 TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECHEVARRIA, DAVID F M.D. 4700 N. HABANA AVE, 403 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anthony N. Brannan, MD DATE 2/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #