

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479464

FILED
Jan 13, 2010
Secretary of State

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:

4700 NORTH HABANA AVENUE
SUITE 101
TAMPA, FL 33614

Current Mailing Address:

4700 NORTH HABANA AVENUE
SUITE 403
TAMPA, FL 33614

New Mailing Address:

4700 NORTH HABANA AVENUE
SUITE 101
TAMPA, FL 33614

FEI Number: 59-1615034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNAN, ANTHONY N MD
4700 N. HABANA AVENUE
SUITE 403
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

BRANNAN, ANTHONY N MD
4700 N. HABANA AVENUE
SUITE 101
TAMPA, FL 33614 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:

01/13/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BRANNAN, ANTHONY N M.D.
Address: 4700 N. HABANA AVE. #101
City-St-Zip: TAMPA, FL 33614

Title: VT
Name: ECHEVARRIA, DAVID F M.D.
Address: 4700 N. HABANA AVE, 101
City-St-Zip: TAMPA, FL 33614

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: ANTHONY N. BRANNAN, M.D.

PD

01/13/2010

Electronic Signature of Signing Officer or Director

Date