


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 487797 1. Entity Name WING SURGICAL, P.A.	
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Principal Place of Business 309 N MANGOUSTINE AVE SANFORD, FL 32771	Mailing Address 309 N MANGOUSTINE AVE SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1623959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 32771
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000669614 03/27/07 00075 023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	K M WING, MD PRESIDENT	3/12/07 Date	407-322-7767 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			