

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523899

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA SURGICAL GROUP, P.A.

Current Principal Place of Business:

106 BOSTON AVENUE
ALTAMONTE SPRGS, FL 32701

New Principal Place of Business:

661 E. ALTAMONTE DR.
#323
ALTAMONTE SPRGS, FL 32701

Current Mailing Address:

106 BOSTON AVENUE
ALTAMONTE SPRGS, FL 32701

New Mailing Address:

661 E. ALTAMONTE DR.
#323
ALTAMONTE SPRGS, FL 32701

FEI Number: 59-1713370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRYER, JEFFREY R
106 BOSTON AVENUE
#206
ALTAMONTE SPRGS, FL 32701

Name and Address of New Registered Agent:

CRYAR, JEFFERY R
661 E. ALTAMONTE DR.
#323
ALTAMONTE SPRGS, FL 32701

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: JEFFERY R. CRYAR

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GERSCOVICH, E.A.,
Address: 106 BOSTON AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VPD () Delete
Name: YURSO, J. MICHAEL,
Address: 106 BOSTON AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: P (X) Delete
Name: CRYAR, JEFFREY
Address: 106 BOSTON AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRYAR, JEFFERY R M.D.
Address: 661 E. ALTAMONTE DR. #323
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD (X) Change () Addition
Name: YURSO, J. MICHAEL M.D.
Address: 661 E. ALTAMONTE DR. #323
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFERY R. CRYAR

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date