
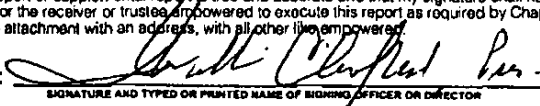


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90027 013 ***150.00

DOCUMENT # 600217		
1. Entity Name FRANKLIN D. CLONTZ, M.D. SURGICAL ASSOCIATES, P.A.		
Principal Place of Business 819 EAST FIRST STREET SANFORD, FL 32771		Mailing Address 819 EAST FIRST STREET SANFORD, FL 32771
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLONTZ, FRANKLIN D 819 E 1ST ST SANFORD, FL 32771		DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLONTZ, FRANKLIN D 819 E FIRST ST SANFORD, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		Date: 2/12/08 407-322-7841
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR		Daytime Phone #