

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 600448

FILED
Oct 08, 2004
Secretary of State

Entity Name: SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

C/O BRUCE C. BACON
3596 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

3596 BROADWAY
FT. MYERS, FL 33901

Current Mailing Address:

C/O BRUCE C. BACON
3596 BROADWAY
FORT MYERS, FL 33901

New Mailing Address:

3596 BROADWAY
FT. MYERS, FL 33901

FEI Number: 59-1218806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, BRUCE C
3596 BROADWAY
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

KALRA, AJAY DR
3596 BROADWAY
FT. MYERS, FL 33901 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: DR. AJAY KALRA

10/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BACON, BRUCE C.,
Address: 3596 BROADWAY
City-St-Zip: FT MYERS, FL 33901

Title: VS (X) Delete
Name: BURTCH, GORDON
Address: 3596 BROADWAY
City-St-Zip: FT MYERS, FL 33901

Title: PMT (X) Delete
Name: SWEENEY, MICHAEL J.,
Address: 3596 BROADWAY
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BURTCH, GORDON D DR
Address: 3596 BROADWAY
City-St-Zip: FT. MYERS, FL 33901

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

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: DR. GORDON D BURTCH

P

10/08/2004

Electronic Signature of Signing Officer or Director

Date