

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600448

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

3596 BROADWAY
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3596 BROADWAY
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1218806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KALRA, AJAY MD
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: AJAY KALRA, MD

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: AJAY, KALRA DR
Address: 3596 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: S () Delete
Name: D'ANGELO, ANTHONY MD
Address: 3596 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: AJAY, KALRA MD
Address: 3596 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

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

Title: T () Change (X) Addition
Name: MANIBO, JOSE F MD
Address: 3596 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GORDON D. BURTCH, MD

PRE

04/06/2009

Electronic Signature of Signing Officer or Director

Date