

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600448

FILED
Jan 27, 2012
Secretary of State

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

Current Principal Place of Business:

6821 PALISADES PARK COURT, SUITE 1
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6821 PALISADES PARK COURT, SUITE 1
FT. MYERS, FL 33912

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 MD
3596 BROADWAY
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

KALRA, AJAY MD
6821 PALISADES PARK COURT, SUITE 1
FT. MYERS, FL 33912 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:

01/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BURTCH, GORDON D MD
Address: 6821 PALISADES PARK COURT, SUITE 1
City-St-Zip: FT. MYERS, FL 33912

Title: VP
Name: AJAY, KALRA MD
Address: 6821 PALISADES PARK COURT, SUITE 1
City-St-Zip: FORT MYERS, FL 33912

Title: S
Name: D'ANGELO, ANTHONY MD
Address: 6821 PALISADES PARK COURT, SUITE 1
City-St-Zip: FORT MYERS, FL 33912

Title: T
Name: MANIBO, JOSE' F MD
Address: 6821 PALISADES PARK COURT, SUITE 1
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: AJAY KALRA, M.D.

VP

01/27/2012

Electronic Signature of Signing Officer or Director

Date