


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90333 026 ***150.00

DOCUMENT # 600855 1. Entity Name BRADENTON SURGICAL ASSOCIATES, P.A.			
Principal Place of Business 1884 59TH ST WEST BRADENTON, FL 34209		Mailing Address 1884 59TH ST WEST BRADENTON, FL 34209	
2. Principal Place of Business 5601 D 21ST AVENUE W Suite, Apt. #, etc.		3. Mailing Address 5601 D 21ST AVENUE W Suite, Apt. #, etc.	
City & State BRADENTON, FL		City & State BRADENTON, FL	
Zip 34209	Country	Zip 34209	Country
4. FEI Number 59-1232200		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WENDEL, NANETTE K MD 1884 59TH ST WEST BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE STD <input type="checkbox"/> Delete	NAME PENNEBACKER, PAIGE K. M	TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pennebacker, Paige K. MD
STREET ADDRESS 1884 59TH ST WEST 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON, FL 34209	STREET ADDRESS 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON FL 34209
TITLE VP <input type="checkbox"/> Delete	NAME MASSIE, MITCHELL T MD	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MASSIE, MITCHELL T. MD
STREET ADDRESS 1884 59TH ST WEST 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON, FL 34209	STREET ADDRESS 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON FL 34209
TITLE VP <input type="checkbox"/> Delete	NAME WENDEL, NANETTE K MD	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Wenel, NANETTE K. MD
STREET ADDRESS 1884 59TH ST WEST	CITY-ST-ZIP BRADENTON, FL 34209	STREET ADDRESS 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON FL 34209
TITLE GANEY, JAMES N. <input type="checkbox"/> Delete	NAME GANEY, JAMES N.	TITLE GANEY, JAMES N. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME GANEY, JAMES N. MD
STREET ADDRESS 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON, FL 34209	STREET ADDRESS 5601-D 21ST AVE. W.	CITY-ST-ZIP BRADENTON FL 34209
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nanette K. Wendel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/15/06	Daytime Phone # 941-748-1471