

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 28, 2007
Secretary of State**

DOCUMENT# 600855

Entity Name: BRADENTON SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

5601 D 21ST AVE WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

5601 D 21ST AVE WEST
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-1232200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, NANETTE K MD
1884 59TH ST WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

WENDEL, NANETTE K MD
5601 D 21ST AVE WEST
BRADENTON, FL 34209 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: _____ Date: 02/28/2007
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PENNEBACKER, PAIGE K. M
Address: 5601 D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: MASSIE, MITCHELL T MD
Address: 5601-D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: WENDEL, NANETTE K MD
Address: 5601-D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209

Title: MP (X) Delete
Name: GANEY, JAMES N
Address: 5601-D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENNEBACKER, PAIGE K MD
Address: 5601 D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209 US

Title: VP (X) Change () Addition
Name: GANEY, JAMES N MD
Address: 5601 D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209 US

Title: STD (X) Change () Addition
Name: WENDEL, NANETTE K MD
Address: 5601-D 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34209 US

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 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: PAIGE K PENNEBACKER P Date: 02/28/2007
Electronic Signature of Signing Officer or Director