2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 602281

Entity Name: SURGICAL ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Current Principal Place of Business:

740 HARRISON AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

740 HARRISON AVE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-1298517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, TED R
740 HARRISON AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, TED R
Address: 740 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: RIVARD, ADRIEN A JR
Address: 740 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: REISS, GEORGE
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Delete
Name: TERRACINA, ANTHONY
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Delete
Name: WILSON, RICHARD B M.D
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL

Title: VP (X) Delete
Name: OSBORNE, DUANE L
Address: 740 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: REISS, GEORGE E
Address: 740 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Change ( ) Addition
Name: WILSON, RICHARD B
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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

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: TED R WILSON MD PD 01/13/2005

Electronic Signature of Signing Officer or Director Date